DISSERTATION

FOR THE AWARD OF DEGREE

MASTER OF SCIENCE

SESSION 2023-2025

ACADEMIC STRESS AND ITS CLINICAL IMPLICATION AMONG COLLEGE STUDENTS

By

VAISHNAVI TYAGI

DEPARTMENT OF CLINICAL PSYCHOLOGY

SANTOSH DEEMED TO BE UNIVERSITY

NO. 1, SANTOSH NAGAR, GHAZIABAD-201009,

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List of Abbreviations

Abbreviation	Full Form
ASS	Academic Stress Scale
GHQ-12	General Health Questionnaire – 12
DASS-42	Depression Anxiety Stress Scale – 42
CBT	Cognitive Behavioural Therapy
MBSR	Mindfulness-Based Stress Reduction
SPSS	Statistical Package for the Social Sciences
HPA	Hypothalamic-Pituitary-Adrenal (Axis)
GAD	Generalized Anxiety Disorder
GABA	Gamma-Aminobutyric Acid
WHO	World Health Organization
BPS	Biopsychosocial Model
CVST	Cognitive Vulnerability–Stress Theory
DSM	Diagnostic and Statistical Manual of Mental Disorders
APA	American Psychological Association

INTRODUCTION

INTRODUCTION

The transition from school to college marks a significant transformation in a student's life, bringing both opportunities and challenges. Despite these challenges, the transition to college offers several advantages. College life fosters independence by enabling students to handle their finances, make their own decisions, and accept accountability for their deeds. This increased independence can boost resilience and self-assurance. College also gives students the chance to pursue new interests, grow as leaders, and participate in extracurricular activities. Participating in clubs and organizations, making new friends, and having a lively social life are all opportunities that promote emotional health and personal growth[1]. Additionally, higher education provides students with the information and abilities necessary for success in the workplace, opening doors to job prospects.[2]

But there are drawbacks to this move as well, such acclimating to a new setting, handling more coursework, and adjusting to emotional and social shifts. Students are used to a controlled setting at school, complete with frequent encounters with familiar teachers and peers, predictable schedules, and familiar surroundings. But attending college frequently necessitates transferring to a new state or city, leaving behind the convenience of home and familiar surroundings.[3]

As students have to adapt to new living arrangements, navigate a new campus, and integrate in a wider and more diverse social surroundings, this abrupt transition can be intimidating. According to research, students who find it difficult to fit in and form new relationships may experience homesickness, loneliness, and anxiety when they transition to a new environment.[4]

Academically, College reveals a marked rise in the amount and difficulty of courses.College students are expected to handle enormous volumes of material on their own, in contrast to school, where learning is primarily guided. Complex ideas are frequently covered in greater detail in

college courses, which call for critical thinking and independent study. Additionally, there are more deadlines and a heavier task, which calls for effective time management abilities, which could be especially difficult for people used to a more structured routine.[5]

However, this change in the curriculum also pushes students to cultivate self-discipline, problem-solving skills, and autonomous study habits—all of which are essential for success in the future. Research indicates that although academic demands can lead to distress and even burnout in students who are unable to meet them, they are also providing possibilities for resilience and intellectual development.[6]

Socially, college presents new opportunities for personal development. Through their interactions with peers from various cultures, experiences, and beliefs, students are acquainted with a wider range of opinions and develop a more comprehensive understanding of the world. Students can benefit from this diversity by creating networks and friendships that develop over time and help them in both their personal and professional lives. For students who feel socially or culturally alienated, it could also lead to feelings of loneliness. It can be extremely stressful to build a support system and make friends, especially for students who struggle with social anxiety or introversion. These social dynamics improve social skills and emotional intelligence, but they may also exacerbate mental health issues including anxiety and depression, according to studies.[7]

ACADEMIC STRESS

Academic stress refers to the psychological distress students experience due to various academic demands and pressures. Numerous things contribute to this stress, such as demanding coursework, difficult assignments, short turnaround times, and the need to perform well academically. In addition to academic achievement, students face peer competition, personal goals, and social pressure to live up to external expectations, all of which increase stress levels.[8] Students who experience academic stress might have both psychological and physical impacts.

Students who suffer from psychological issues including worry, overwhelm, and self-doubt may find it harder to focus, become less motivated, and get mentally exhausted.[9]

Prolonged stress can exacerbate the stress cycle by lowering productivity and hindering academic engagement. Academic stress frequently shows up physically as headaches, tense muscles, and irregular sleep patterns [10]. Long-term stress can impair immunity, making a person more vulnerable to disease and causing weariness and exhaustion. Burnout, a condition of emotional, physical, and mental exhaustion that compromises general wellbeing, can arise from these issues if they are not treated.[11]

Academic transitions, such as the shift from school to college or undergraduate to postgraduate studies, represent critical periods of heightened stress. These changes bring with them new surroundings, higher standards for academic performance, and more personal accountability, which frequently causes emotions of unease and anxiety about the future .[12]

Stress levels can be increased by the difficulty of negotiating social and academic changes while adjusting to new time-management requirements. Additionally, abandoning established support networks can exacerbate emotional pain and feelings of loneliness, therefore it's critical that students learn coping mechanisms and resilience.[13]

Depression and generalized anxiety disorder (GAD) are two serious mental health issues that can be aggravated by ongoing academic stress. When students dread failing or feel that their academic workload is too much to handle, their anxiety tends to increase.[14]

Decreased academic engagement and general discontent with the educational experience might result from depression in students who feel continuously overburdened or unable to handle academic pressure.[1]

Peer comparison in a highly competitive academic setting might exacerbate stress levels even more. Peer groups can be supportive, but they can also increase pressure by judging and competing with one another, which can lead to feelings of inadequacy and self-doubt.[16] The detrimental consequences of competitive tension can be lessened by cultivating a growth mindset and concentrating on one's own advancement rather than comparison.[17]

Time management is a crucial skill for academic success, yet many students struggle with it during college. The newfound independence and autonomy of college life can be overwhelming, leading to procrastination and ineffective prioritization of tasks.[18] Ineffective time management raises stress and anxiety levels, which eventually affects wellbeing and academic achievement. Reducing academic stress and increasing productivity requires the use of time-management techniques, realistic goal-setting, and the development of strong organizational abilities.[19]

Additional difficulties arise while adjusting to a new academic environment, especially one that is culturally diverse or in a distant city. Feelings of loneliness and homesickness can be brought on by adjusting to new social dynamics, cultural differences, and housing circumstances.[20] Research suggests that students who establish strong social connections and support networks experience lower levels of stress and a greater sense of belonging, facilitating a smoother adjustment process.[21]

The intellectual demands of college are significantly greater than those of high school, requiring higher-order thinking skills and deeper engagement with complex subjects. Certain courses can be especially difficult for some students, which can lower their motivation and academic performance and lead to more stress and worry.[22]

Effective study techniques and academic support networks are essential, as research shows that students who struggle with challenging coursework are more likely to suffer from academic stress.[23], another significant source of stress in college life is juggling several deadlines. Exams, projects, and assignments frequently fall on the same day, resulting in a heavy burden that might be challenging to handle.[24]

Students may also have to balance their social lives, part-time jobs, extracurricular activities, and academic responsibilities. Anxiety and overload may result from an inability to successfully balance these conflicting demands. Maintaining academic success while reducing stress requires using stress management strategies, setting priorities for work, and cultivating excellent organizational skills.[25]

College students frequently experience academic stress, which has serious psychological, physical, and social repercussions. Although academic difficulties are unavoidable, students can successfully manage these demands by putting into practice useful coping skills, such as time management, social support, and stress reduction techniques.[26] A happy and successful academic experience depends on acknowledging the significance of mental health and getting help when necessary. [27]

General Health

General health is a multidimensional concept encompassing physical, psychological, and social well-being, rather than merely the absence of disease[28]. It reflects an individual's ability to

function effectively in daily life, adapt to stressors, and maintain a balanced state of mind and body. While physical health typically refers to the proper functioning of bodily systems and the absence of acute or chronic illness, general health goes beyond this to include emotional resilience, social integration, and subjective satisfaction with life[29].

In the context of mental health research, general health also includes the presence or absence of psychological distress, cognitive clarity, emotional regulation, and the ability to cope with everyday demands. An individual in good general health is typically able to manage academic pressure, maintain interpersonal relationships, and pursue personal goals without excessive psychological burden[30].

General health is defined based on self-reported functioning and emotional well-being, as measured by the General Health Questionnaire-12 (GHQ-12). The GHQ-12 is a widely used screening instrument designed to detect non-psychotic psychiatric disorders such as anxiety, social dysfunction, and depressive symptoms in community and non-clinical populations[31]. It consists of 12 items assessing recent changes in mood, concentration, self-worth, and sleep, making it suitable for monitoring early signs of distress in college students.

General Health in College Life

College students' general health is influenced by a complex interplay of academic pressure, changing routines, disrupted sleep, and emotional instability. Irregular eating habits, limited physical activity, and poor sleep hygiene are common among students, particularly during exam periods or project deadlines. These lifestyle disruptions can lower immunity, increase fatigue, and negatively affect concentration and productivity[32].

Mental well-being is equally vulnerable during the college transition. The pressure to meet expectations, manage independence, and plan future goals often leads to chronic stress, anxiety, and mood disturbances. When ignored, these issues may manifest as psychosomatic complaints such as headaches, gastrointestinal problems, or fatigue without an identifiable medical cause[33]. Social health, another dimension of general well-being, is affected when students feel isolated, excluded, or unable to form meaningful connections in a new environment.

The cumulative effect of poor general health can be substantial. Students experiencing prolonged mental or physical distress may see declines in academic performance, interpersonal functioning, and motivation. The stigma surrounding mental health may also prevent students from discussing symptoms or seeking help, allowing manageable issues to escalate into serious concerns[34].

Early identification through tools like the GHQ-12 can help institutions offer timely support and interventions. Integrating general health promotion into college frameworks—through stress awareness programs, physical fitness initiatives, sleep education, and access to psychological services—can greatly enhance student well-being. Empowering students with health literacy, peer-led support groups, and a culture of openness can significantly improve overall quality of life during the formative college years[35].

Depression

The word “depression” originates from the Latin term *deprimere*, meaning “to press down,” which metaphorically captures the emotional heaviness, fatigue, and inertia commonly reported by individuals experiencing the condition[36]. Historically, the understanding of depression has

undergone significant transformation. In ancient Greece, Hippocrates described the condition as melancholia, attributing it to an excess of black bile, one of the four bodily humors believed to regulate health[37]. During the Middle Ages, such emotional disturbances were often interpreted through religious or supernatural frameworks. It wasn't until the Enlightenment period that scientific and medical models began replacing spiritual explanations. By the early 20th century, figures like Freud and Kraepelin laid the foundation for our modern understanding of depression as a mental health disorder with psychological and biological dimensions[38].

Depression is a prolonged and often persistent psychological condition that affects mood, motivation, thought patterns, and physical well-being[39]. It is not merely a passing state of sadness but a sustained disturbance that significantly interferes with daily life. Depression is fundamentally defined as a psychological state marked by symptoms such as persistent sadness, fatigue, low self-worth, loss of interest, and difficulty concentrating. These symptoms are measured using the Depression subscale of the DASS-42, which captures both clinical and non-clinical presentations[40].

Biological and Psychological Perspectives

Biologically, depression is linked to imbalances in neurotransmitters such as serotonin, dopamine, and norepinephrine, which play key roles in regulating emotion, motivation, and stress responses[41]. Neuroimaging studies show hypoactivity in the prefrontal cortex and hyperactivity in the amygdala—patterns associated with impaired decision-making and heightened emotional reactivity. The hippocampus, which supports memory and learning, often shows structural shrinkage in individuals with chronic depression, likely due to prolonged stress exposure[42].

From a psychological standpoint, cognitive distortions, low self-efficacy, and internalized negative beliefs are central to the onset and persistence of depression. According to Beck's cognitive model, individuals with depression tend to maintain negative beliefs about themselves, the world, and the future[43]. These negative schemas can cause them to misinterpret neutral or mildly negative events in a catastrophizing way. For example, a student who performs poorly on one assignment may begin to believe they are academically incapable, reinforcing feelings of worthlessness and helplessness.

Depression in College Life

College life is a critical transitional period often accompanied by increased academic demands, personal responsibilities, and social changes. The sudden shift from a structured school environment to an independent learning setting may leave students feeling lost, unmotivated, or overwhelmed[44]. When students are unprepared to manage these demands, the stress can manifest as chronic fatigue, difficulty concentrating, or loss of interest in academic and social life.

In practical terms, depressive symptoms in college may include avoiding assignments, skipping classes, or withdrawing from peer interactions. A once-focused student may begin procrastinating, experiencing low energy despite rest, and feeling emotionally flat. These experiences are often compounded by factors such as financial strain, long-distance relocation, relationship difficulties, or homesickness[45]. Additionally, the pressure to succeed academically and make career-defining choices can generate internal conflict, especially for those lacking support systems.

Depression in college students may also be intensified by peer comparison. In competitive academic environments, students often compare their performance to that of others, potentially

leading to feelings of inadequacy and low self-esteem. Without early support, these emotional and behavioural symptoms can deepen, contributing to serious consequences such as disordered eating, insomnia, academic failure, and suicidal ideation[46].

Unfortunately, many students hesitate to seek professional help due to stigma or misconceptions about mental health. They may see depression as a weakness or fear judgment from peers. This can delay intervention and worsen long-term outcomes. Institutions play a vital role in prevention by promoting awareness, reducing stigma, and making psychological services accessible. Offering regular screening, peer mentorship, stress-reduction workshops, and counseling can help students feel seen, supported, and empowered[47].

By understanding the multifaceted nature of depression and its influence on academic adjustment, institutions can implement meaningful strategies to improve student well-being and reduce dropout rates.

Anxiety

The term anxiety originates from the Latin *anxietas*, meaning "uneasiness" or "distress," and aptly reflects the emotional and physiological state of tension, worry, and apprehension often experienced in uncertain situations[48]. Historically, anxiety has been recognized as a universal human emotion. Hippocrates associated excessive worry with an imbalance of bodily humors, while later psychoanalytic theories—such as Freud's distinction between realistic and neurotic anxiety—shaped early psychological understandings[49]. In modern psychology, anxiety is defined

both as a normal adaptive response and, when excessive or chronic, a clinical disorder that interferes with daily functioning[50].

Anxiety is defined as a heightened state of emotional arousal involving persistent worry, restlessness, fear of negative outcomes, and physical symptoms such as muscle tension, increased heart rate, and difficulty concentrating. These symptoms are measured using the Anxiety subscale of the DASS-42, which assesses physiological hyperarousal, situational anxiety, and subjective experiences of panic and dread[51].

Biological and Psychological Perspectives

From a biological perspective, anxiety involves dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in elevated levels of cortisol during stress responses[52]. Key brain structures such as the amygdala, which evaluates emotional salience, and the prefrontal cortex, which regulates decision-making and impulse control, are implicated in anxiety disorders. The amygdala becomes hyperactive in anxious individuals, increasing their sensitivity to perceived threats[53]. Neurotransmitter systems, including serotonin, norepinephrine, and GABA, also play central roles in the modulation of anxious states[54].

Psychological models emphasize the role of maladaptive thought patterns and learning mechanisms. Individuals with high anxiety often interpret ambiguous situations as threatening and engage in catastrophic thinking. For example, a student who receives average marks may catastrophize the outcome as a complete failure, fearing they will never succeed academically. This cognitive distortion can lead to avoidance behaviours that reduce short-term anxiety but reinforce the fear in the long term[55].

Anxiety in College Life

The college environment introduces numerous transitions—new routines, academic independence, and unfamiliar social contexts—that can significantly elevate anxiety levels among students[56]. For many, this period represents the first major departure from home, and the sudden need to self-regulate schedules, assignments, and finances can be overwhelming. The pressure to meet academic standards, secure placements, and maintain social acceptance often triggers chronic worry and emotional exhaustion.

Academic anxiety frequently manifests as test anxiety, fear of failure, procrastination, and perfectionism. Competitive grading systems and tight deadlines contribute to performance-related stress. Students may engage in over-preparation or experience cognitive freezing during exams. Over time, these responses impair academic performance and erode self-confidence[57].

Social anxiety is also highly prevalent in this context. Students with social fears often avoid class participation, networking events, or forming new relationships due to fear of negative evaluation. The inability to engage meaningfully can lead to loneliness, which, in turn, perpetuates anxiety and limits academic success[58].

Financial strain and uncertainty about the future add to the overall burden. Anxiety about tuition fees, student loans, or employability after graduation is increasingly common. Many students juggle academic responsibilities with part-time work, sacrificing rest and mental well-being.

Despite its widespread nature, anxiety often remains unrecognized or normalized in college settings. Statements like “everyone is stressed before exams” discourage help-seeking. Institutions must prioritize awareness, screening, and access to evidence-based support.

Programs focusing on time management, emotional regulation, and cognitive restructuring can significantly enhance resilience and reduce anxiety symptoms.

Stress

The word stress is derived from the Latin *stringere*, meaning "to tighten" or "draw tight," which captures the physical and emotional tension people experience when facing demanding situations[59]. Historically, stress was discussed in philosophical and medical texts as a reaction to hardship or imbalance. However, the modern scientific conceptualization emerged through Hans Selye's General Adaptation Syndrome (GAS) model in the 20th century, which described stress as a three-stage physiological response: alarm, resistance, and exhaustion[60]. Later, Lazarus and Folkman's cognitive appraisal model introduced the idea that stress arises not merely from external events but from the individual's interpretation and perceived ability to cope[61].

Stress is defined as a sustained physiological and psychological response to internal or external demands that exceed an individual's coping resources. The Stress subscale of the DASS-42 is used to measure symptoms such as irritability, nervous tension, difficulty relaxing, and a persistent sense of being overwhelmed[62].

Biological and Psychological Perspectives

Biologically, stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to the release of cortisol and adrenaline, which prepare the body for immediate action (fight-or-flight response)[63]. While acute stress responses are adaptive, prolonged activation of this system can impair immune functioning, disturb sleep, and negatively affect brain structures such as the

hippocampus and prefrontal cortex[64]. Chronic stress also disrupts the regulation of other neurotransmitters involved in mood and cognition, such as serotonin and dopamine[65].

Psychologically, stress involves the perception of a mismatch between environmental demands and available resources. When students appraise academic or social challenges as threatening or unmanageable, it triggers anxiety, helplessness, and emotional exhaustion. Individuals with poor coping strategies may develop maladaptive responses such as avoidance, rumination, or aggression. Cognitive factors like perfectionism and low frustration tolerance further intensify stress responses[66].

Stress in College Life

College students face a unique constellation of stressors during this transitional phase of life. Academically, students are required to adapt to new forms of instruction, manage tight deadlines, and meet high expectations with little external regulation. This shift from structured schooling to self-directed learning is often overwhelming, particularly for first-generation college students or those lacking time-management skills[67].

Academic stress can manifest in multiple ways: racing thoughts before exams, frequent fatigue, procrastination, and tension headaches. For instance, students may feel persistently behind in coursework or overwhelmed by an approaching assignment deadline, even when objectively manageable. In highly competitive programs, the pressure to excel can lead to chronic self-criticism and fear of failure[68].

Socially, students experience stress due to separation from family, forming new friendships, navigating identity, or dealing with peer pressure. Some may feel isolated or homesick,

especially in residential institutions. Others struggle to maintain relationships while balancing academic obligations. The lack of a familiar support system can amplify vulnerability to emotional distress[69].

Financial stress also plays a major role in student well-being. Concerns about tuition fees, loan repayment, and daily expenses contribute to feelings of insecurity and fatigue. Many students take on part-time work to manage costs,which reduces time for rest and increases burnout. Additionally, stress about future career paths, placements, or postgraduate uncertainty causes prolonged psychological strain[70].

If unaddressed, chronic stress can lead to cognitive impairments, weakened immunity, and psychiatric conditions such as depression and generalized anxiety. Colleges and universities should proactively identify high-stress environments and provide resources such as academic mentoring, stress management workshops, and access to trained counselors. Building student resilience through mindfulness programs, emotional regulation training, and supportive peer communities is essential for sustainable academic success[71].

Scope of the Study

Academic stress has become an increasingly prominent concern among undergraduate students, particularly in light of rising educational demands, competitive learning environments, and growing societal and familial expectations. The shift from school to college involves significant changes in academic structure, personal responsibilities, and social networks. These challenges

often place students under considerable psychological strain, making it essential to examine how academic stress influences their overall mental and physical well-being.

This study focuses on understanding the extent to which academic stress impacts emotional states such as depression and anxiety, as well as broader aspects of general health. Undergraduate students represent a population particularly vulnerable to these pressures due to their developmental stage and limited prior exposure to self-managed academic systems. The scope of this research includes evaluating the severity of academic stress and exploring its relationship with mental health indicators such as depressive symptoms, anxiety levels, perceived stress, and self-reported general health.

By identifying these associations, the study aims to provide meaningful insights that can help academic institutions recognize early signs of psychological distress in students. The findings may contribute to the development of preventive mental health programs, effective support systems, and student-centered academic policies that promote resilience and emotional well-being. In doing so, the research supports the broader goal of fostering healthier, more productive educational environments that prioritize both academic success and psychological sustainability.

REVIEW OF LITERATURE

REVEIW OF LITERATURE

Academic stress is a widespread phenomenon among college students, with various studies documenting its prevalence and severity. Eisenberg et al. (2007) found that 15.6% of students met the diagnostic criteria for major depressive disorder, with academic stress being a significant contributing factor[72]. Hamaideh (2011) reported that students with higher academic stress levels exhibited greater depressive symptoms than those with lower stress[73]. Beiter et al. (2015) found that 77% of college students reported experiencing moderate to severe academic stress, with performance expectations as the primary cause[74]. Pascoe et al. (2020) demonstrated that academic stress negatively influences students' self-efficacy and social relationships, exacerbating psychological distress[75]. Similarly, the American College Health Association (2021) reported that 66% of students felt overwhelming academic stress, contributing to poor mental health outcomes[76].

Longitudinal research by Karyotaki et al. (2020) indicated that chronic exposure to academic stress increased the risk of clinical depression by 42% over four years[77]. Neurobiological mechanisms further explain this relationship. Lupien et al. (2009) demonstrated that academic stress dysregulates the hypothalamic-pituitary-adrenal (HPA) axis, leading to excessive cortisol production, a biomarker for depression[78]. A meta-analysis by Richardson et al. (2012) confirmed that students experiencing academic failure were at higher risk of developing depression due to lower self-esteem and negative self-perception[79].

Anxiety is another significant mental health concern related to academic stress. Regehr et al. (2013) found that 57% of college students reported experiencing anxiety due to workload, examinations, and career uncertainty[80]. A longitudinal study by Boulton et al. (2019) showed that students with high academic stress were twice as likely to develop generalized anxiety disorder compared to their peers[81]. Neuroscientific studies provide additional insights into

this association. Conrad et al. (2017) demonstrated that academic stress leads to hyperactivity in the amygdala, a brain region responsible for fear and anxiety regulation[82]. Seo (2018) found that students under academic stress had elevated cortisol and epinephrine levels, hormones associated with anxiety and autonomic hyperarousal[83].

Prolonged exposure to academic stress results in chronic stress, which has severe psychological and physiological implications. The Cognitive Appraisal Theory by Lazarus and Folkman (1984) suggests that individuals' perception of academic demands significantly influences their stress levels[84]. Gadzella (2004) supported this theory by finding that students who perceived academic tasks as overwhelming exhibited persistent stress responses and emotional exhaustion[85]. Dyrbye et al. (2006) reported that medical students experiencing chronic academic stress suffered from physical symptoms such as headaches, sleep disturbances, and weakened immune function[86]. Similarly, Brougham et al. (2009) found that students under chronic stress were at higher risk for cardiovascular diseases and gastrointestinal disorders due to prolonged activation of the stress response system[87].

Several studies have identified key factors contributing to academic stress in college students. Misra and Castillo (2004) found that heavy workload and poor time management were among the most significant stressors[88]. Ross et al. (2006) indicated that financial concerns increased stress levels by 1.8 times, particularly among students with limited economic resources[89]. Lin and Yusoff (2013) found that high parental and societal expectations correlated with elevated stress and anxiety levels[90].

Several coping strategies have been identified to mitigate the effects of academic stress. Regehr et al. (2013) conducted a meta-analysis concluding that cognitive-behavioral therapy (CBT) significantly reduces academic stress and prevents anxiety and depression[80]. Kabat-Zinn (2003) demonstrated that mindfulness-based stress reduction (MBSR) techniques

improve emotional regulation and reduce academic stress[91]. Social support plays a crucial role in buffering academic stress. Hefner and Eisenberg (2009) reported that students with strong peer and family support networks had lower stress levels and were less likely to develop depression and anxiety disorders[92]. Additionally, self-care strategies such as exercise, healthy nutrition, and sufficient sleep have been found to protect against academic stress[93]. Sbarra and Allen (2009) highlighted that students who maintained regular physical activity had significantly lower cortisol levels, indicating better stress management[94].

Universities play a critical role in addressing academic stress through institutional interventions. The World Health Organization (2019) reported that universities implementing structured mental health programs observed a 30% reduction in student-reported stress levels[95]. Conley et al. (2015) found that resilience training programs improved students' stress management skills and academic performance[96]. Flexible academic policies have been shown to alleviate stress. Credé and Kuncel (2008) found that students with access to academic accommodations experienced lower stress levels and improved mental health outcomes[97]. Universities incorporating mindfulness-based programs into their curricula observed significant improvements in students' resilience and emotional regulation[98]. A systematic review by Stallman (2010) emphasized the importance of integrating academic counselling services into higher education to reduce dropout rates and enhance student well-being[99]. Shapiro et al. (2008) demonstrated that students participating in stress-reduction programs had lower levels of academic burnout[100].

Gap Analysis

Academic stress and its effects on mental health—particularly depression, anxiety, and general well-being—have been widely explored in global literature, much of the existing research has been conducted in Western contexts. These studies may not fully reflect the

unique academic and psychosocial challenges faced by students in other cultural and educational systems. Research within the Indian context remains relatively limited and often fragmented, with few studies adopting an integrated approach to assess how academic stress concurrently influences multiple aspects of psychological health. This creates a critical gap in understanding the broader clinical implications of academic stress among college students in India, especially in relation to general health and emotional well-being.

AIM AND OBJECTIVES

Aim

The aim of this study is to explore the impact of academic stress on Depression, Anxiety, Stress and general wellbeing among college students.

Objectives

1. To assess the levels of Academic stress, Depression, Anxiety, Stress and General Health outcomes.
2. To examine the relationship between academic stress and mental health outcomes such as depression, anxiety, stress and general health among college students during the transition from school to college

MATERIALS AND METHODS

MATERIALS AND METHODS

Research Question

Is there a significant impact of Academic Stress on mental health outcomes, such as Depression, Anxiety, Stress and general wellbeing among college students.

Hypothesis

Academic stress is correlated with increased levels of Depression, Anxiety, overall stress and poor general health outcomes.

Null Hypothesis

Academic stress has no significant effect on college student's mental health outcomes such depression, anxiety, or stress levels and general wellbeing.

Study Design

This study adopted a cross-sectional, quantitative design, conducted at Santosh Medical College and Hospital, Ghaziabad, Uttar Pradesh, India. The research targeted undergraduate students from diverse academic backgrounds including paramedical sciences, life sciences, and allied health sciences. The study aimed to examine the relationship between academic stress and its clinical implications—specifically depression, anxiety, general stress, and overall psychological health.

Ethical Considerations

Prior to data collection, ethical clearance was obtained from the Institutional Ethics Committee of Santosh Medical College and Hospital Participants were assured of voluntary participation, confidentiality, and anonymity, and written informed consent was obtained from all participants.

Participants

A total of 404 undergraduate students were selected using convenience sampling. The inclusion criteria were:

- (a) currently enrolled full-time undergraduate students,
- (b) aged between 17 and 25 years,
- (c) willing to provide informed consent.

Exclusion criteria included students with a diagnosed psychiatric illness, ongoing psychological treatment, or those unwilling to participate. The sample was diverse in terms of gender, academic stream, and year of study, contributing to the generalizability of findings within the college student population.

Tools Used

1. Demographic and Preliminary Form

This form collected essential personal and academic details such as age, gender, course of study, academic stream, year of study, and residential status (hosteller/day scholar). Additionally, questions related to perceived academic pressure, sleep quality, and study hours per day were included to offer contextual insight.

2. Academic Stress Scale (ASS)

Developed by Rajendran and Kaliappan (1990), the Academic Stress Scale comprises 40 items that measure various domains of academic pressure such as examination anxiety, time constraints, peer competition, parental expectations, and academic workload[7]. Items are rated

on a 5-point Likert scale ranging from 0 (No stress) to 4 (Extreme stress), with total scores ranging from 0 to 160. A higher score reflects greater academic stress. The scale has demonstrated strong psychometric properties in Indian populations with a Cronbach's alpha of 0.89, indicating high internal consistency[7].

To enhance contextual relevance, an item-wise scoring sheet was also used during analysis to categorize students into low, moderate, and high academic stress groups. In addition, items were analyzed by subdomains such as performance-related, interpersonal, and self-imposed stressors.

3. General Health Questionnaire – 12 (GHQ-12)

The GHQ-12, developed by Goldberg (1972), is a 12-item self-administered questionnaire that screens for general psychological distress[67]. Each item assesses recent symptoms and behaviors related to mental functioning (e.g., concentration, sleep, ability to enjoy daily life) and is scored using the binary method (0,1,2,3). A cut-off score of ≥3 suggests potential psychiatric morbidity[67]. The GHQ-12 has been widely validated in non-clinical populations, including Indian college students, and offers a brief, sensitive method for detecting emotional and functional disturbances[67].

4. Depression Anxiety Stress Scale – 42 (DASS-42)

The DASS-42, created by Lovibond and Lovibond, is a 42-item questionnaire divided into three subscales: Depression, Anxiety, and Stress, with 14 items per subscale[6]. Each item is rated on a 4-point Likert scale (0 = Did not apply to me at all to 3 = Applied to me very much or most of the time), with higher scores reflecting greater symptom severity. The DASS-42 captures a spectrum of symptoms, from mild to extremely severe, across emotional and physiological domains.It has demonstrated high internal consistency (Cronbach's $\alpha > 0.85$)

and is validated for use in Indian academic settings[6]. The depression subscale focuses on hopelessness, anhedonia, and self-deprecation; the anxiety subscale measures autonomic arousal, situational anxiety, and panic, while the stress subscale assesses irritability, tension, and difficulty relaxing. Subscale scoring was also used to categorize symptom severity into normal, mild, moderate, severe, and extremely severe brackets, as per DASS norms.

Procedure

Participants were approached in classroom settings after prior coordination with faculty. After explaining the study purpose and obtaining informed consent, the questionnaires were distributed in printed format. The sequence of forms was: (1) Demographic Sheet, (2) Academic Stress Scale, (3) GHQ-12, and (4) DASS-42.

The average time for completion was approximately 25–30 minutes. No identifying information was collected, ensuring participant anonymity and confidentiality. Data collection was completed over a three-week period to accommodate all disciplines and avoid academic interruptions.

Statistical Analysis

Data were entered and analyzed using IBM SPSS version 21.

- Descriptive statistics (means, standard deviations, frequencies, percentages) were used to summarize demographic characteristics and questionnaire scores.
- Pearson's correlation coefficient (r) was employed to assess the relationship between academic stress and psychological variables (depression, anxiety, stress, and general health).

- Chi-square tests (χ^2) were used to examine associations between categorical demographic variables (e.g., gender, course stream) and levels of academic stress.
- The level of statistical significance was set at $p < 0.01$ to minimize the risk of Type I error.

RESULTS

RESULT

The present study investigated the relationship between academic stress and psychological outcomes—depression, anxiety, stress, and general health—among undergraduate students. The results are presented below through descriptive statistics, chi-square tests, and Pearson's correlation analyses to highlight significant patterns and associations within the collected data.

Table 1: Age range Distribution among undergraduate College Students

Age Range	Frequency	Percentage
17 – 18	118	29.2%
19 – 20	125	30.9%
21 – 22	154	38.1%
23 – 24	7	1.7%
Total	**404**	**100.0%**

Table 1- The majority of participants (68.9%) were aged between **19 and 22 years**, with the largest age group being **21–22 years** (38.1%), followed closely by **19–20 years** (30.9%). The youngest group (17–18 years) made up **29.2%** of the sample, while only **1.7%** of participants were aged **23–24 years**, indicating a predominantly young adult sample.

Figure 1 Age range Distribution among undergraduate College Students

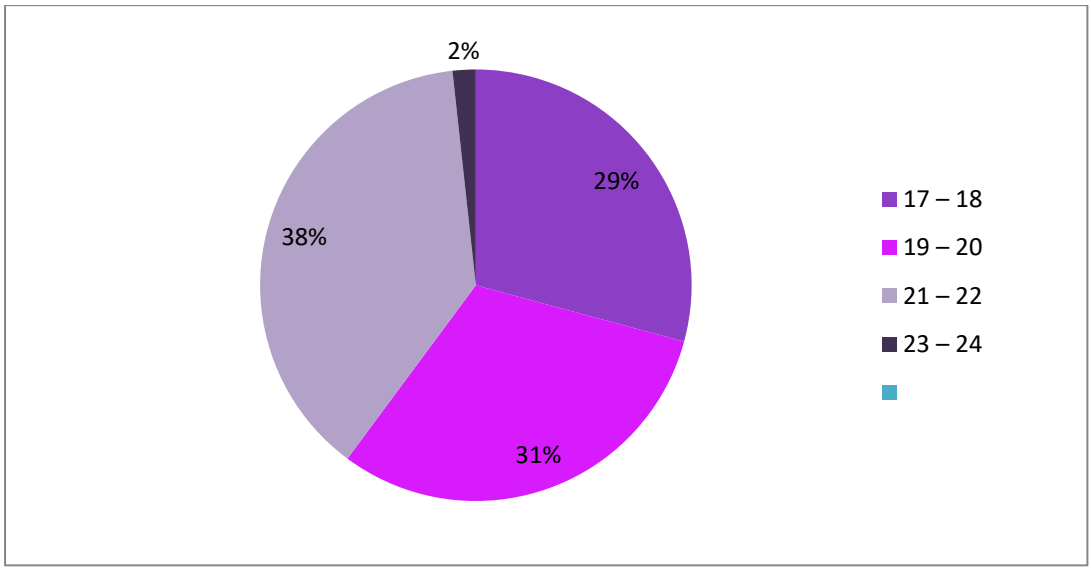

Table 2. Gender distribution among undergraduate College Students

Gender	Frequency	Percentage
Female	249	61.6%
Male	155	38.4%
	404	100%

Table2- The participant pool was predominantly **female**, comprising **61.6% (n = 249)** of the total sample. **Males accounted for 38.4% (n = 155).**

Figure 2. Gender distribution among undergraduate College Students

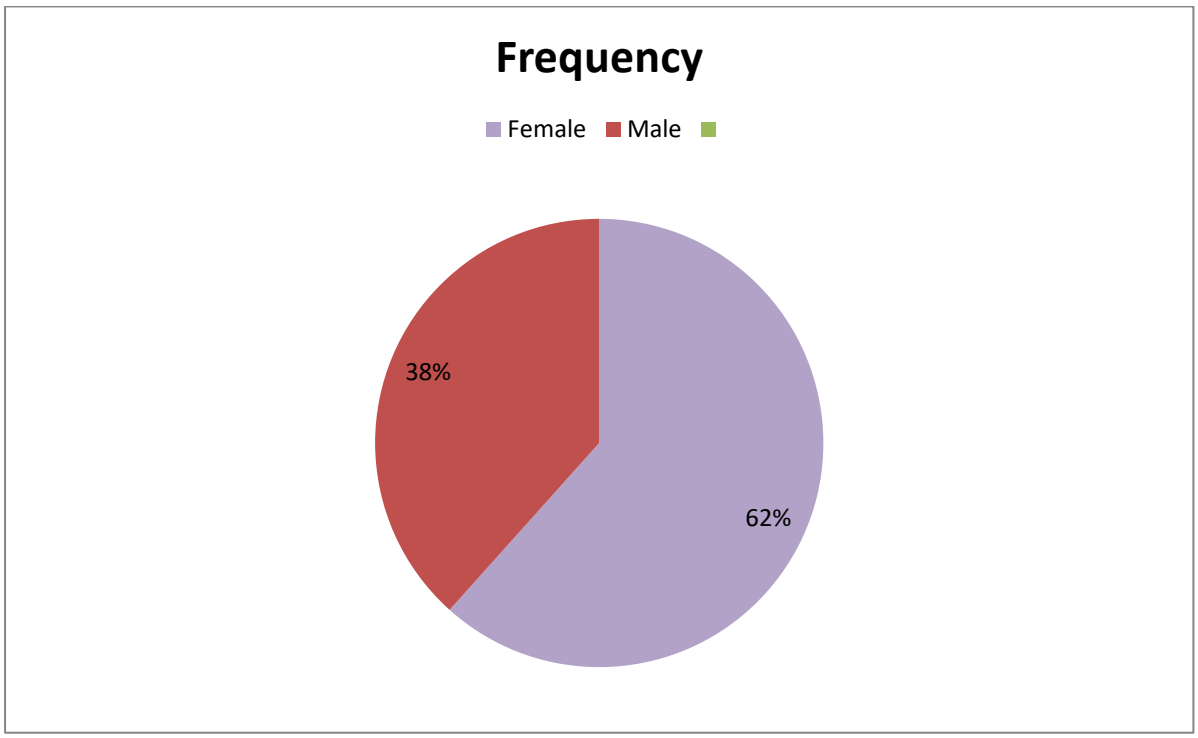

Table 3. Level of Academic Stress among undergraduate College Students

Category	Frequency	Percentage (%)
Very Low	50	12.4%
Low	6	1.5%
Moderate	165	40.8%
High	183	45.3%

Table 3 -Most students reported experiencing **moderate (40.8%)** to **high (45.3%)** academic stress. Only a small number had **low or very low stress levels (13.9%)**, showing that academic stress is **common among undergraduates**.

Figure 3. Level of Academic Stress among undergraduate College Students

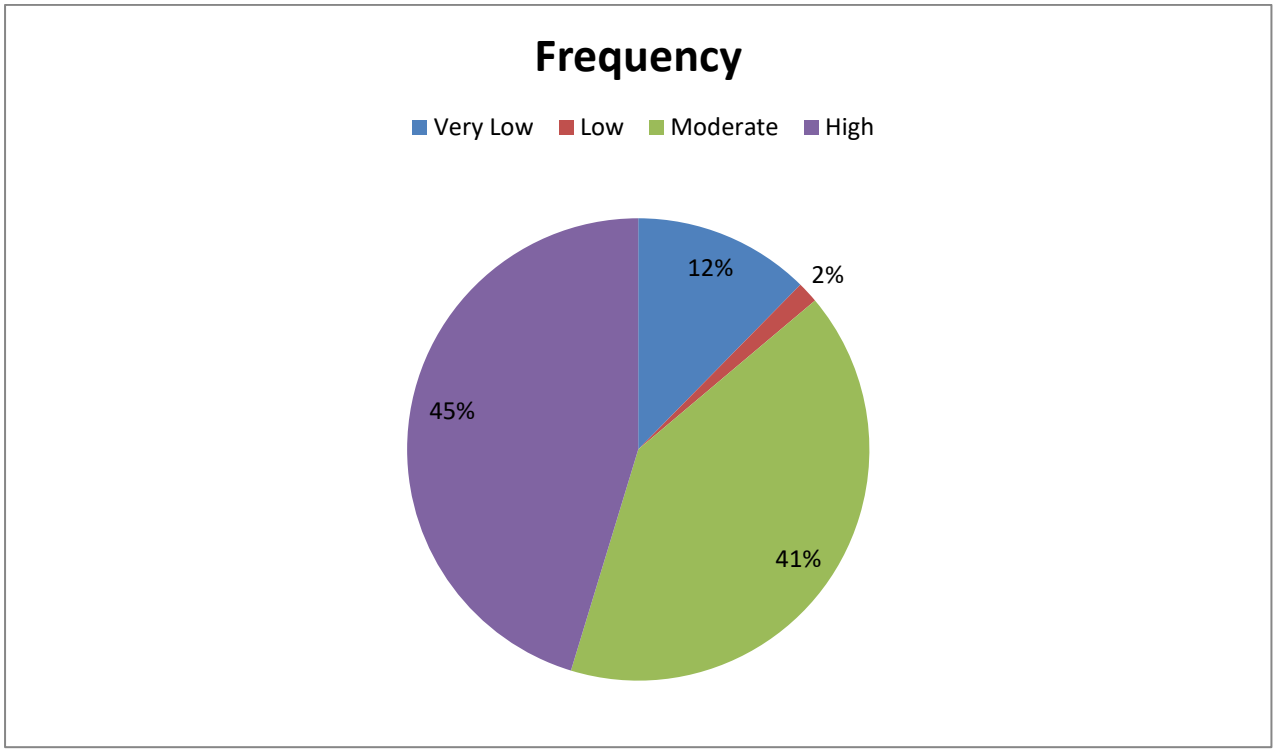

Table 4. General Health (GHQ) Distribution among undergraduate College Students

Category	Frequency	Percentage (%)
Normal	110	27.2%
Mild	203	50.2%
Moderate	85	21.0%
Severe	6	1.5%

Table 4- Among the undergraduate students, **50.2% exhibited mild concerns in general health**, while **22.5% showed moderate to severe levels** according to the GHQ scores. Only **27.2% of the students were classified within the normal range**, indicating that the **majority experienced some degree of general health issues**.

Figure 4 General Health (GHQ) Distribution among undergraduate College Students

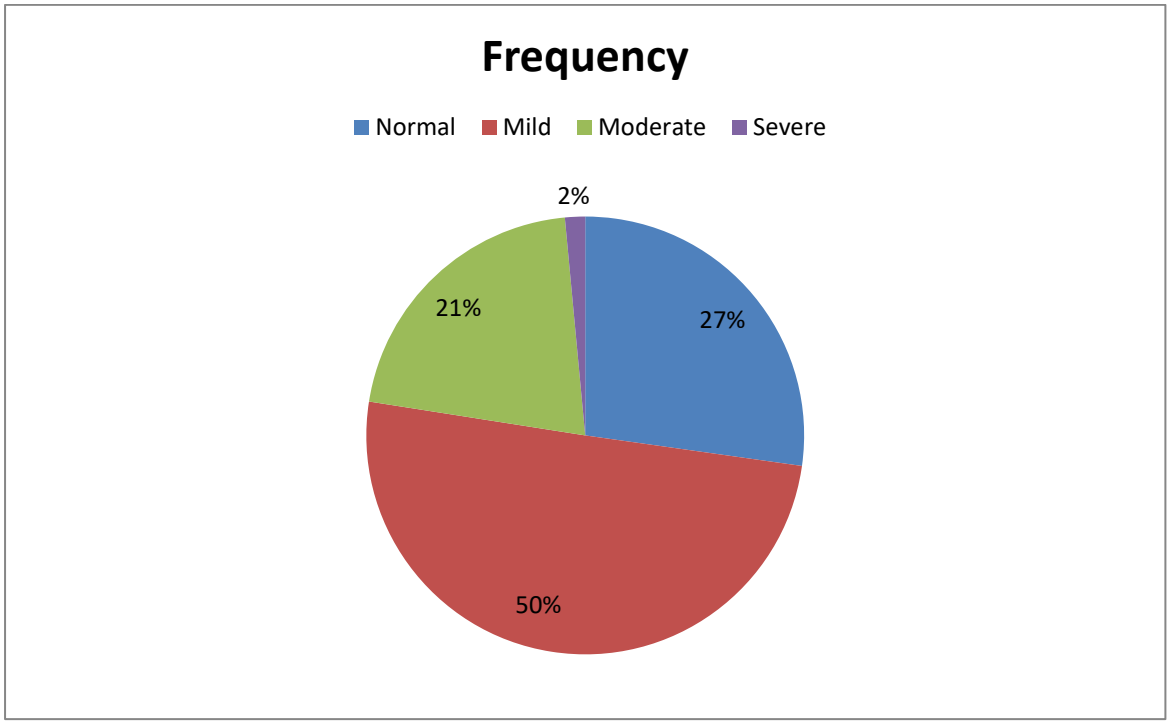

Table 5. Level of Depression among undergraduate College Students

Category	Frequency	Percentage (%)
Normal	147	36.4%
Mild	85	21.0%
Moderate	116	28.7%
Severe	44	10.9%
Extremely Severe	12	3.0%

Table 5-The findings indicate that **36.4% of students were classified as normal**, showing no significant depressive symptoms. Meanwhile, **21.0% exhibited mild depression**, **28.7% moderate depression**, **10.9% severe depression**, and **3.0% experienced extremely severe depression**. Overall, the majority of students (63.6%) reported some degree of depressive symptoms, ranging from mild to extremely severe.

Figure 5. Level of Depression among undergraduate College Students

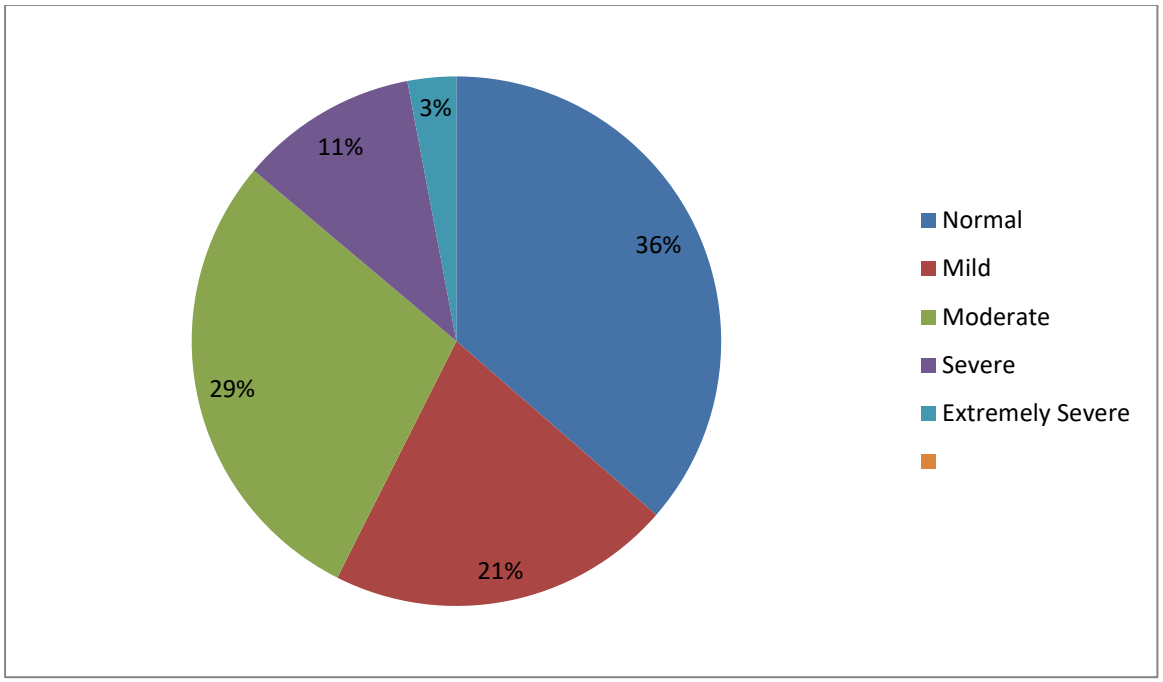

Table 6. Level Anxiety among undergraduate College Students

Category	Frequency	Percentage (%)
Normal	118	29.2%
Mild	41	10.1%
Moderate	130	32.2%
Severe	76	18.8%
Extremely Severe	39	9.7%

Table 6- The data reveal that **29.2% of students were within the normal range**, while **10.1% exhibited mild anxiety**, **32.2% moderate anxiety**, **18.8% severe anxiety**, and **9.7% experienced extremely severe anxiety**. These results indicate that **70.8% of the students reported some level of anxiety**, suggesting a high prevalence of anxiety symptoms in the sample.

Figure 6. Level Anxiety among undergraduate College Students

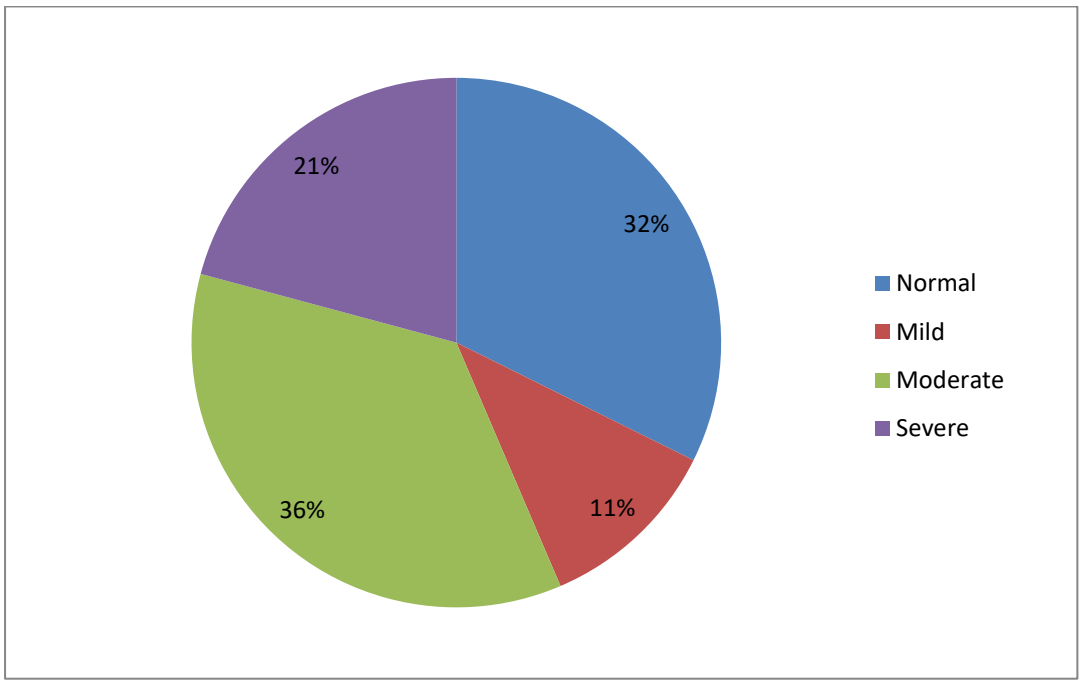

Table7. Level of overall Stress (DASS42) among undergraduate College Students

Category	Frequency	Percentage (%)
Normal	171	42.3%
Mild	80	19.8%
Moderate	116	28.7%
Severe	31	7.7%
Extremely Severe	6	1.5%

Table 7 -The results indicate that **42.3% of students were in the normal range**, while **19.8% experienced mild stress**, **28.7% moderate stress**, **7.7% severe stress**, and **1.5% reported extremely severe stress**. These findings show that **57.7% of the students experienced some level of stress**, highlighting the significant presence of stress-related concerns among students

Figure7. Level of overall Stress(DASS42) among undergraduate College Students

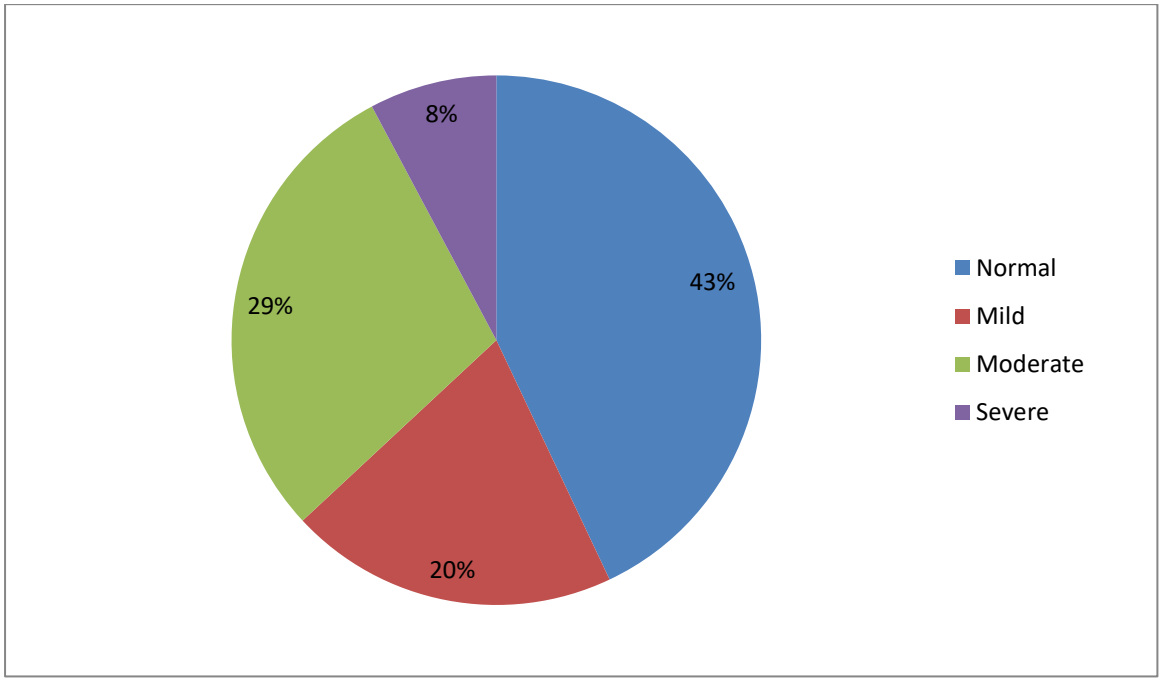

Table 8. Mean and Standard Deviation of Academic Stress, Depression, Anxiety, overall Stress and GHQ12

Variable	Mean (M)	Standard Deviation (SD)
Academic Stress	62.5	12.4
Depression (DASS)	13.2	7.5
Anxiety (DASS)	12.8	6.9
Stress (DASS)	14.9	7.2
GHQ Score (GHQ-12)	22.3	8.1

Table 8 The **mean academic stress score** was **62.5** with a **standard deviation of 12.4**, indicating a moderately high level of perceived academic pressure. The **mean depression score** (DASS) was **13.2** (SD = **7.5**), while the **mean anxiety score** was **12.8** (SD = **6.9**), and the **mean stress score** was **14.9** (SD = **7.2**), reflecting mild to moderate levels of psychological distress across these dimensions. The **mean GHQ-12 score**, assessing general health, was **22.3** with a **standard deviation of 8.1**, suggesting that many students experienced noticeable general health concerns.

Figure 8. Mean and Standard Deviation of Academic Stress, Depression, Anxiety, overall Stress and GHQ12

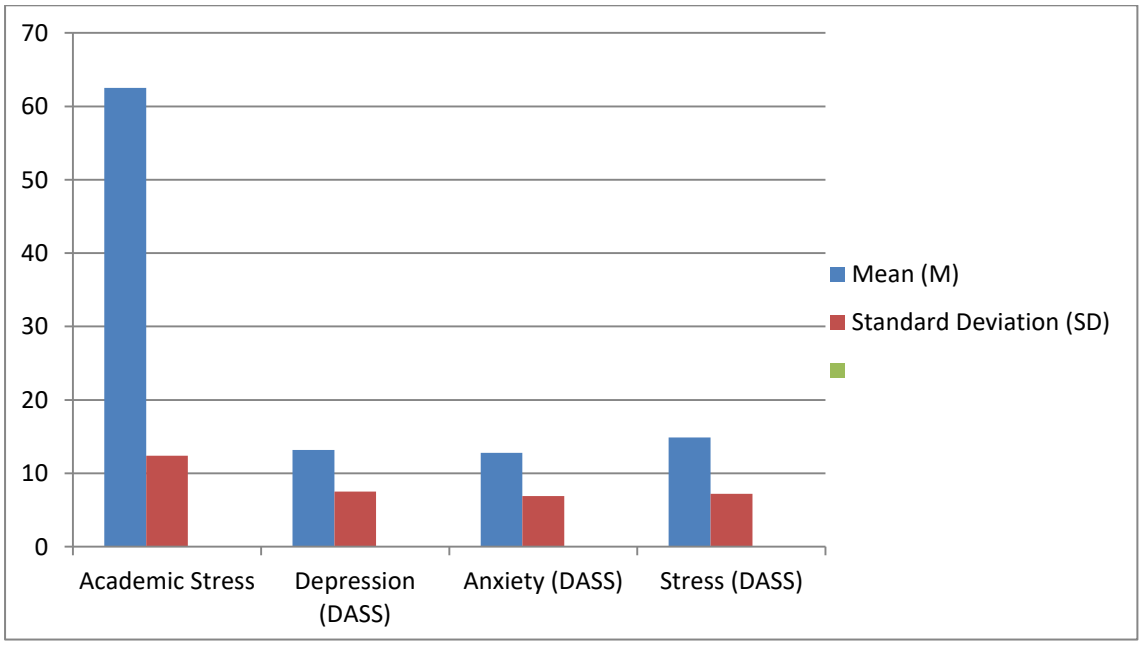

Table 9 Cross Tabulation Depression vs Academic Stress among undergraduate College Students

	Academic Stress Level								
Depression Level	**Very Low**	**Very Low%**	**Low**	**Low %**	**Moderate**	**Moderate %**	**High**	**High %**	**Total**
Normal	30	20.4%	5	3.4%	55	37.4%	57	38.8%	147
Mild	10	11.8%	0	0%	30	35.3%	45	52.9%	85
Moderate	6	5.2%	1	0.9%	50	43.1%	59	50.9%	116
Severe	4	9.1%	0	0%	20	45.5%	20	45.5%	44
Extremely Severe	0	0%	0	0%	10	83.3%	2	16.7%	12
Total	50		6		165		183		404

There is a **statistically significant association** between **Depression levels and Academic Stress** ($\chi^2 = 31.78$, df = 12, **p < .01**).
→ **Higher depression levels** correlate with **higher academic stress**

Table 9 shows a clear link between academic stress and depression levels. Among students with extremely severe depression**,** 83.3% reported moderate **and** 16.7% high academic stress**. In contrast,** 38.8% of students with normal depression levels **had high academic stress, while** 20.4% had very low stress**. This suggests a** positive association between higher academic stress and greater depression severity

Figure 9. Cross Tabulation Depression and Academic Stress among College students

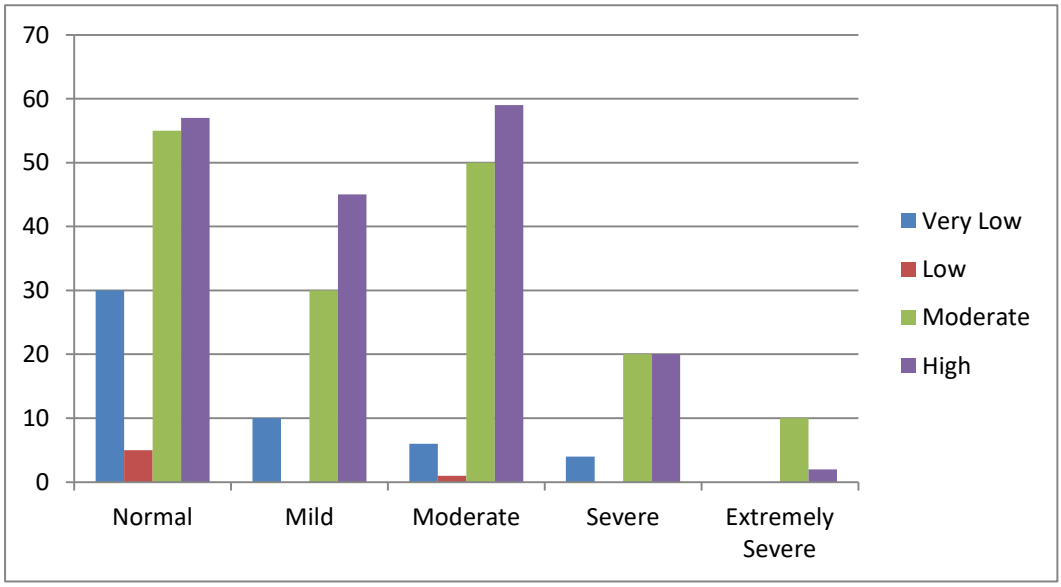

Table 10. Cross-tabulation Anxiety and Academic stress among undergraduate College Students

	Academic Stress level								
Anxiety Level	**Very Low**	**%**	**Low**	**%**	**Moderate**	**%**	**High**	**%**	**Total**
Normal	25	21.2%	3	2.5%	55	46.6%	35	29.7%	118
Mild	5	12.2%	0	0%	10	24.4%	26	63.4%	41
Moderate	5	3.8%	1	0.8%	50	38.5%	74	56.9%	130
Severe	3	3.9%	1	1.3%	35	46.1%	37	48.7%	76
Extremely Severe	2	5.1%	1	2.6%	15	38.5%	21	53.8%	39
Total	40		6		165		193		404

There is a **significant association** between **Anxiety and Academic Stress**

($\chi^2 = 34.95$, df = 12, **p < .001**).

→ Students with **moderate to extremely severe anxiety** mostly fall under **moderate to high academic stress**.

Table 10 shows that **higher academic stress is associated with higher levels of anxiety** among undergraduate students. Among those with **extremely severe anxiety**, **53.8% reported high academic stress**, and **38.5% moderate stress**. Similarly, **56.9% of students with moderate anxiety** also experienced high academic stress. In contrast, students with **normal anxiety levels** mostly had **moderate (46.6%)** or **very low (21.2%)** academic stress. These patterns indicate a **strong positive relationship between academic stress and anxiety severity**.

Figure 10. Cross-tabulation Anxiety and Academic stress among undergraduate College Students

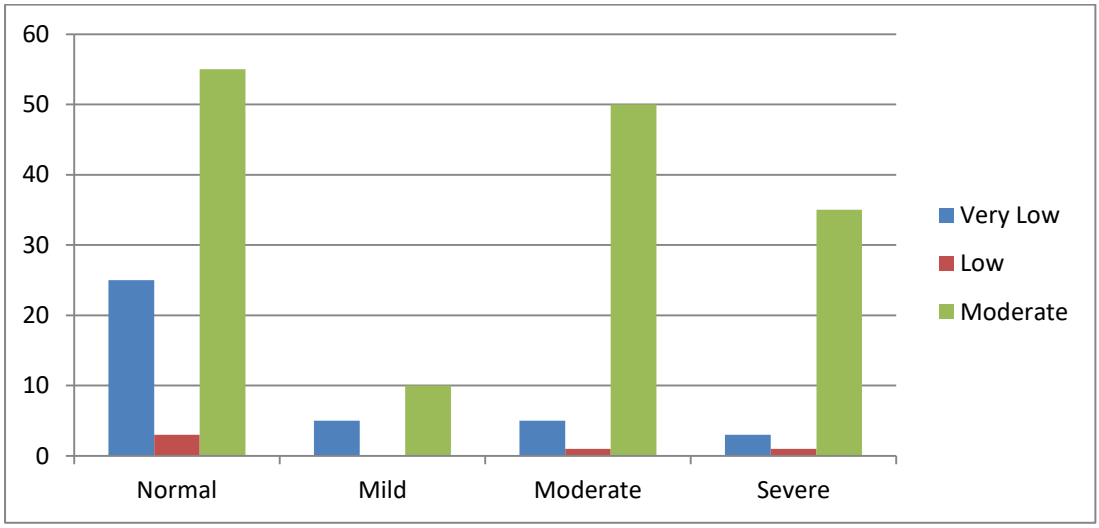

Table11. Cross-tabulation overall Stress and Academic stress among College Students

	Academic Stress Level								
Stress Level	**Very Low (n)**	**Very Low (%)**	**Low (n)**	**Low (%)**	**Moderate (n)**	**Moderate (%)**	**High (n)**	**High (%)**	**Total**
Normal	40	23.4%	11	6.4%	70	40.9%	50	29.2%	171
Mild	10	12.5%	4	5.0%	36	45.0%	30	37.5%	80
Moderate	40	34.5%	2	1.7%	50	43.1%	24	20.7%	116
Severe	15	48.4%	1	3.2%	9	29.0%	6	19.4%	31
Extremely Severe	5	83.3%	0	0.0%	0	0.0%	1	16.7%	6
Total	110		18		165		111		404

A **very strong association** is found between **Stress (DASS42) and Academic Stress** ($\chi^2 = 35.50$, df = 12, **p < .001**).
→ Those with higher stress tend to experience **moderate to high academic stress**.

The table11 shows a relationship between academic stress and overall stress levels among students. Most students with normal, mild, or moderate overall stress reported **moderate academic stress** (around 40-45%). While many students with **extremely severe overall stress** surprisingly reported **very low academic stress (83.3%)**, overall, there is a trend where **higher academic stress tends to be associated with higher overall stress levels**.

Figure 11. Cross-tabulation overall Stress and Academic stress among undergraduate College Students

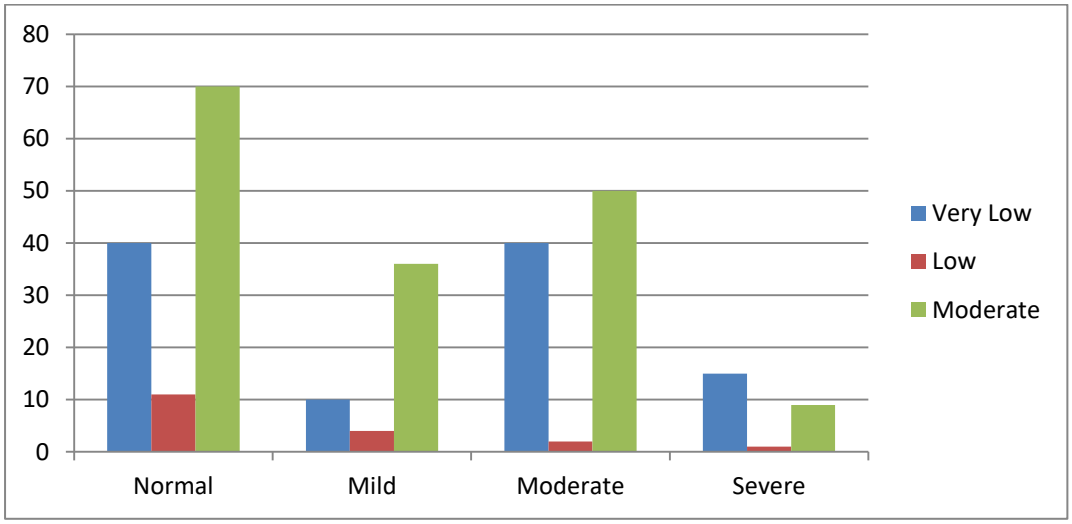

Table12. Cross-tabulation General health and Academic stress among undergraduate College Students

	Academic Stress								
GHQ Level	**Very Low (n)**	**Very Low (%)**	**Low (n)**	**Low (%)**	**Moderate (n)**	**Moderate (%)**	**High (n)**	**High (%)**	**Total**
Normal	45	40.9%	6	5.5%	38	34.5%	21	19.1%	110
Mild	48	23.6%	7	3.4%	92	45.3%	56	27.6%	203
Moderate	17	20.0%	5	5.9%	34	40.0%	29	34.1%	85
Severe	0	0.0%	0	0.0%	1	16.7%	5	83.3%	6
Total	110		18		165		111		404

There is a **statistically significant association** between **GHQ levels and Academic Stress** ($\chi^2 = 27.08$, df = 9, **p = .001**).

→ Poorer general mental health correlates with **higher academic stress**.

The table 12 shows that students with **better general health** mostly had **low or moderate academic stress**, while those with **poor general health** (severe GHQ) mostly had **high academic stress (83.3%)**. This suggests that **higher academic stress is linked to worse general health.**

Figure 12. Cross-tabulation General health and Academic stress among undergraduate College Students

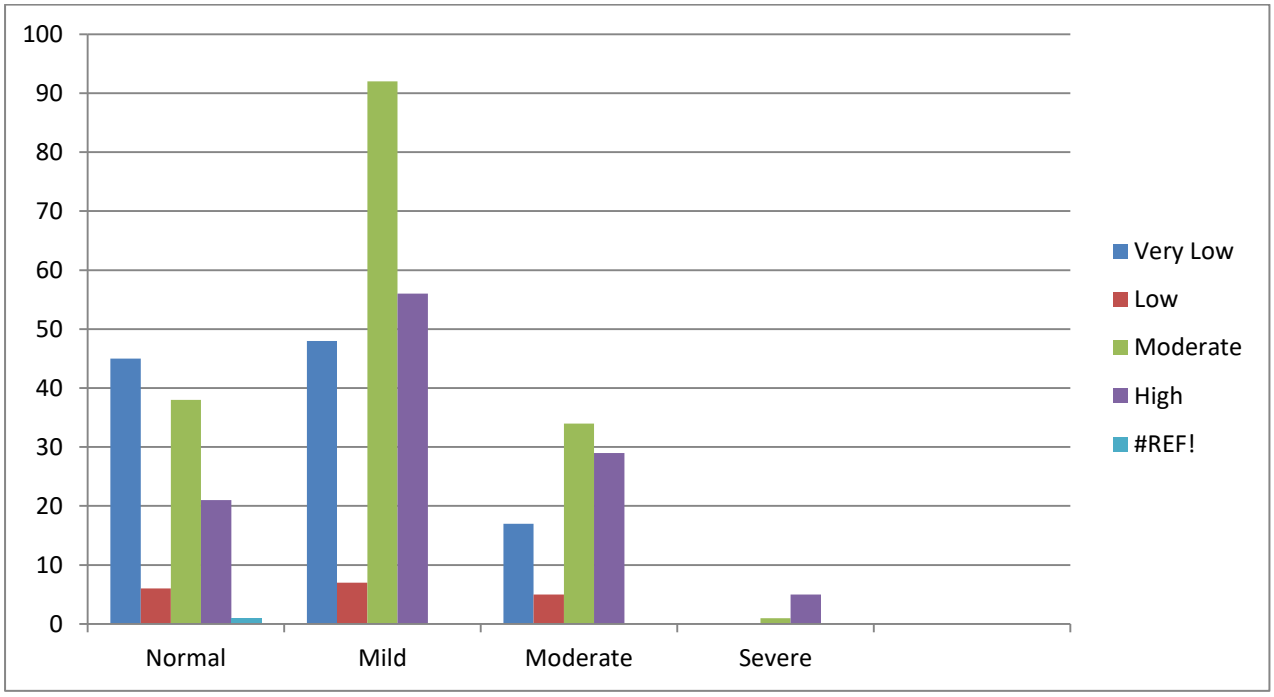

Table 13 Correlation among Academic Stress, Depression, Anxiety, Overall Stress, and General Health (GHQ-12) Scores Among Undergraduate College Students

Variables	Academic Stress	Depression	Anxiety	Overall Stress	General Health (GHQ-12)
Academic Stress	1	0.75**	0.72**	0.70**	0.68**
Depression	0.75**	1	0.88**	0.89**	0.65**
Anxiety	0.72**	0.88**	1	0.87**	0.67**
Overall Stress	0.70**	0.89**	0.87**	1	0.64**
General Health	0.68**	0.65**	0.67**	0.64**	1

Table 13 shows that the correlation analysis reveals **strong and statistically significant positive relationships** among all the variables (ranging from 0.64 to 0.89, $p < 0.01$). Specifically, **academic stress is strongly correlated with depression (r = 0.75), anxiety (r = 0.72), overall stress (r = 0.70), and general health difficulties as measured by GHQ-12 (r = 0.68)**. Similarly, depression, anxiety, and overall stress show very high inter-correlations (ranging from 0.87 to 0.89), indicating

that these psychological factors tend to co-occur. The positive correlation with general health scores suggests that increased psychological distress and academic stress are associated with poorer general health among undergraduate students.

Table 14 Summary of Correlation among Academic Stress, Depression, Anxiety, Overall Stress, and General Health (GHQ-12) Scores Among Undergraduate College Students

Variable Pair	Chi-Square (df)	p-value	Interpretation
GHQ vs Academic Stress	27.08 (df = 9)	<0.01	GHQ levels are significantly associated with academic stress.
Depression vs Academic Stress	31.78 (df = 12)	<0.01	Depression levels are significantly associated.
Anxiety vs Academic Stress	34.95 (df = 12)	<0.01	Anxiety is significantly associated with academic stress.
Stress vs Academic Stress	35.50 (df = 12)	<0.01	Academic stress is significantly associated with stress levels.

DISCUSSION

Discussion

This study aimed to explore how academic stress influences psychological well-being among undergraduate college students, particularly focusing on its effects on depression, anxiety, general health, and overall stress. The findings confirm that academic stress is a significant predictor of mental health difficulties. These results add to the existing literature by offering a more localized understanding of how academic stress manifests in Indian college settings and impacts multiple domains of student functioning.

Demographic Details

The sample consisted of 404 undergraduate students between the ages of 17 and 24. The largest age group was 21–22 years (38.1%), followed by 19–20 years (30.9%), reflecting the typical age distribution for Indian college students. This developmental period is marked by identity formation, social transition, and pressure to succeed academically, which are all relevant stressors during emerging adulthood[105].

In terms of gender, 61.6% of participants were female, and 38.4% were male. Gender-based differences in stress perception and emotional expression are well-documented, with several studies reporting that females tend to report higher levels of stress and mental health symptoms[106]. This may be due to a combination of hormonal influences, social conditioning, and greater emotional awareness, making it important to consider gender-specific stress responses in future interventions[107].

Academic Stress

The data from the current study revealed that academic stress is highly prevalent among undergraduate students. Approximately 86% of participants reported experiencing moderate (40.8%) to high (45.3%) levels of academic stress. This aligns with prior observations that academic environments often generate significant psychological strain due to demanding coursework, frequent evaluations, and expectations to excel. These stressors, if persistent, can influence students' overall functioning by reducing cognitive flexibility, hampering time management, and heightening emotional dysregulation.

In the context of college life, students are frequently exposed to multiple simultaneous deadlines, such as assignments, internal assessments, and practical submissions, which can trigger a sense of constant pressure. Additionally, external expectations from parents and peers often contribute to a competitive atmosphere. As highlighted in the current study, these academic demands can activate stress responses that impair students' ability to focus, organize tasks, and retain information, thereby affecting both learning outcomes and mental well-being[108].

Institutional factors such as rigid grading systems, lack of academic support, and limited flexibility in coursework exacerbate this burden. Many students feel compelled to meet unrealistic standards, especially in high-performing academic settings where comparison with peers is common. This perceived inability to keep up can result in frustration, self-doubt, and academic disengagement. Studies suggest that the internalization of academic struggles may lead students to believe their value is tied solely to performance, contributing to chronic stress and burnout[109].

Physiologically, academic stress can manifest as fatigue, sleep disturbances, muscle tension, and other somatic complaints. Persistent academic stress has been linked with dysregulation

of the body's stress response systems, especially the hypothalamic-pituitary-adrenal (HPA) axis, which plays a central role in regulating cortisol—a hormone elevated in chronic stress states[110]. These biological changes often lead to decreased immunity, irritability, and frequent illnesses, further disrupting students' academic routines and motivation[111].

General Health

The study also examined the general psychological and somatic health of participants using the GHQ-12. The results revealed that only 27.2% of students scored within the normal health range, while 50.3% had mild concerns and 22.5% experienced moderate to severe psychological health difficulties. Symptoms included fatigue, sleep problems, difficulty concentrating, and frequent physical discomforts. These findings underscore the far-reaching impact of academic stress, not just on mental health but on overall physiological functioning.

A chi-square analysis further established a statistically significant relationship between academic stress and general health ($\chi^2 = 27.08$, df = 9, $p < .001$), showing that students experiencing severe psychological or somatic complaints were more likely to report high levels of academic stress. This supports the growing understanding that stress originating in academic contexts can have psychosomatic consequences[126].

According to the Biopsychosocial Model proposed by Engel, health is an integrated outcome of biological, psychological, and social factors. In the context of academic stress, psychological strain can manifest somatically due to the cumulative load on the body's regulatory systems[128]. Chronic exposure to stressors can result in what McEwen describes as "allostatic load," a condition where the body's stress response becomes overwhelmed, leading to immune dysfunction, hormonal imbalances, and inflammation[130].

For college students, compromised general health can negatively influence attendance, academic performance, and social engagement. Repeated episodes of stress-related health issues, like gastrointestinal disturbances, frequent headaches, or insomnia, can result in a cycle of absenteeism, poor performance, and further stress. Despite this, many students do not seek professional help due to stigma or lack of awareness, making it crucial to integrate health awareness programs and counselling within academic settings[127].

Depression

The findings of this study revealed a high incidence of depressive symptoms among undergraduate students. Based on DASS-42 scores, 63.6% of participants exhibited depression ranging from mild to extremely severe. Specifically, 21% reported mild depression, 28.7% moderate, 10.9% severe, and 3% extremely severe. These figures suggest that academic life is not only intellectually demanding but also emotionally taxing, often exceeding students' coping capacities and contributing to negative affective states.

Interestingly, the data also showed that students who fell in the "normal" depression range still reported moderate to high academic stress, indicating the presence of subclinical depressive symptoms. These symptoms—such as persistent fatigue, apathy, and difficulty concentrating—may not always meet diagnostic thresholds but still interfere with academic performance and personal well-being. These patterns are consistent with Beck's Cognitive Model, which postulates that individuals who hold negative beliefs about themselves and the future are more likely to develop depressive symptoms when exposed to stress[114].

A strong positive correlation was observed between academic stress and depression ($r = 0.75$, $p < .01$), affirming the idea that academic pressures serve as potent psychological stressors.

This link supports the Diathesis–Stress Model, which suggests that existing vulnerabilities (e.g., perfectionism, low self-esteem) interact with external stressors like academic overload, leading to the emergence of depressive symptoms[139]. Furthermore, depressive states can initiate a cycle of withdrawal, procrastination, and academic underperformance, thereby perpetuating the stress and lowering motivation[115].

Importantly, students under academic stress often internalize their struggles, interpreting poor academic outcomes as personal failures rather than situational challenges. This negative attributional style can fuel feelings of hopelessness, guilt, and diminished self-worth. Cognitive-behavioral interventions that address maladaptive thinking and emotion regulation may be essential in breaking this cycle and preventing the progression to clinical depression[113].

Anxiety

Among all measured psychological outcomes, anxiety was the most prevalent in this study. A total of 70.8% of participants scored above the normal threshold for anxiety on the DASS-42. Of these, 32.2% had moderate anxiety, 18.8% severe, and 9.7% extremely severe. These results are consistent with global trends indicating that anxiety disorders are highly common among college populations, often driven by workload, competitive academic culture, and uncertainty about future outcomes.

Anxiety often manifests in physical and cognitive symptoms—ranging from restlessness, rapid heartbeat, gastrointestinal issues, to intrusive thoughts and sleep disturbances. In academic settings, these symptoms tend to intensify during exam periods or project deadlines. The study found a strong correlation between academic stress and anxiety ($r = 0.72$, $p < .01$), suggesting that persistent exposure to academic demands may overwhelm students' capacity to manage emotions and adapt effectively.

The Transactional Model of Stress and Coping offers a helpful framework here, explaining that anxiety results when individuals perceive environmental demands as threatening and beyond their coping resources[119]. For instance, students who view academic evaluations as uncontrollable or fear the repercussions of failure are more likely to experience heightened anxiety symptoms, regardless of their actual performance.

In our study, 53.8% of students with extremely severe anxiety also reported high academic stress. This finding reflects the reinforcing loop between anxiety and academic strain—where anxiety interferes with concentration, memory, and decision-making, ultimately leading to poorer academic performance and heightened stress. Furthermore, females in the sample reported higher anxiety levels on average, possibly due to sociocultural pressures, higher expectations, and emotional sensitivity documented in prior research[121].

Overall Stress

In addition to variable-specific distress like depression and anxiety, this study also investigated the broader construct of overall psychological stress among students. Findings showed that 38% of participants reported moderate to extremely severe levels of general stress, suggesting that stress experienced by college students is not limited to academics but includes emotional, interpersonal, and environmental pressures as well.

Students reported difficulties in balancing academic tasks with personal responsibilities, family expectations, time management, and uncertainty about the future. While academic stress was the central focus of this research, it was often entangled with stressors from other domains, creating a compounded emotional load. These overlapping stress sources make it difficult for students to compartmentalize or recover fully from their daily stress experiences, thereby intensifying their general distress.

A significant association was observed between overall stress and academic stress, as confirmed by chi-square analysis ($\chi^2 = 35.50$, df = 12, $p < .001$). Students with moderate to high levels of academic stress were more likely to experience overall stress, indicating a spillover effect where one form of stress heightens vulnerability to others[123]. This finding is consistent with stress spillover models, which suggest that when one area of life becomes stressful, it may negatively influence functioning in other areas.

Correlation Analysis

The current study employed Pearson's correlation coefficients to assess the relationships between academic stress and key psychological variables: depression, anxiety, overall stress, and general health. The results revealed strong, statistically significant positive correlations across all variables, suggesting that as academic stress increases, so do adverse psychological outcomes. This supports the growing concern that academic stress is not merely a situational inconvenience but a pervasive factor that influences multiple dimensions of student well-being.

A strong positive correlation was observed between **academic stress and depression** ($r = 0.75$, $p < .01$). This indicates that students experiencing higher levels of academic stress tend to report more severe depressive symptoms. This finding is consistent with Beck's **Cognitive Theory of Depression**, which posits that maladaptive thought patterns—such as catastrophizing academic failure or perceiving oneself as incompetent—can be triggered by stressful academic environments[118]. Over time, these cognitive distortions may evolve into persistent negative schemas, manifesting as feelings of worthlessness, hopelessness, and loss of motivation. For students facing repeated academic challenges or fearing

underperformance, this psychological spiral can lead to functional impairment in both academic and social domains.

Similarly, a **strong correlation was found between academic stress and anxiety** ($r = 0.72$, $p < .01$). This reflects how academic-related anticipatory stress—especially about examinations, grades, or future uncertainty—can activate chronic worry, hypervigilance, and somatic symptoms such as palpitations and restlessness. From a **neurobiological perspective**, this relationship may be explained by the hyperactivation of the amygdala and sustained cortisol release, both of which are known to be involved in anxiety regulation[119]. The pressure to meet academic expectations may thus dysregulate students' physiological stress systems, increasing their vulnerability to generalized anxiety or panic-related symptoms.

The correlation between **academic stress and overall stress** ($r = 0.70$, $p < .01$) suggests that academic stress is not isolated but part of a broader matrix of life stressors. Many students facing academic difficulties also deal with financial burdens, time management problems, or strained relationships. According to the **Stress Spillover Theory**, stress originating in one domain can influence functioning in other domains, amplifying emotional exhaustion and impairing coping mechanisms[120]. This cumulative impact means that academic stress not only affects classroom performance but may also reduce emotional resilience across other life contexts.

A statistically significant positive correlation was also found between **academic stress and general health problems** ($r = 0.68$, $p < .01$), further highlighting the somatic consequences of chronic academic strain. Students reporting high academic stress were more likely to experience symptoms such as fatigue, insomnia, headaches, and gastrointestinal issues. This supports Engel's **Biopsychosocial Model**, which conceptualizes health as a product of

interactions among biological, psychological, and social factors[121]. Persistent academic stress may disrupt sleep cycles, dietary patterns, and immune functioning, increasing both subjective distress and objective health risks.

Furthermore, inter-correlations among the psychological variables themselves (depression, anxiety, stress, and general health) ranged from **r = 0.64 to 0.89**, indicating a **high level of co-occurrence**. This pattern supports the **comorbidity model**, suggesting that these variables do not operate in silos but are mutually reinforcing. For instance, a student experiencing depressive symptoms may engage in avoidance behaviors, which exacerbate academic stress and increase anxiety, thereby reducing general health and social functioning.

Taken together, these correlations reflect a complex and multidirectional relationship among academic stress, emotional functioning, and physical well-being. These findings reinforce the importance of early intervention strategies aimed at both preventing academic overload and strengthening students' coping mechanisms to improve their overall mental health outcomes.

Hypothesis Testing

Based on the statistical analysis, the findings revealed significant positive correlations between academic stress and all measured psychological outcomes—depression, anxiety, overall stress, and poor general health. The chi-square tests and Pearson's correlation coefficients were statistically significant ($p < 0.01$), indicating strong associations across variables. Therefore, the null hypothesis is rejected. These results support the alternative hypothesis, confirming that academic stress is significantly related to heightened depression, anxiety, overall stress, and poor general health outcomes among college students.

CONCLUSION

Conclusion

The current study sheds critical light on the growing prevalence and impact of academic stress among undergraduate college students, particularly in relation to depression, anxiety, overall psychological stress, and general health. Drawing on data from 404 participants, the study reveals a stark reality—academic stress is not merely an expected facet of student life, but a substantial psychological burden with measurable clinical consequences. The overwhelming proportion of students experiencing moderate to high academic stress signals a broader institutional issue, rather than isolated individual vulnerability.

A particularly noteworthy finding is the robust and statistically significant correlation between academic stress and all major psychological domains assessed—depression, anxiety, overall stress, and general health impairments. These associations point to a pattern where academic stress operates not in isolation, but as a potent trigger and amplifier of broader emotional and somatic difficulties. The observed comorbidity among these variables supports widely accepted psychological frameworks such as the Cognitive Vulnerability–Stress Model, the Diathesis–Stress Theory, and Lazarus and Folkman's Transactional Model of Stress and Coping. Together, these suggest that when academic pressures exceed a student's perceived coping resources, the resulting distress is likely to manifest in multiple, interrelated domains.

Demographic trends within the data provide further nuance. Female students were more likely to report higher academic stress and associated psychological distress—consistent with global patterns highlighting gender-based differences in stress perception, coping styles, and mental health outcomes. Additionally, the presence of moderate to high stress levels among students who otherwise scored within the "normal" mental health range signals a hidden or

subclinical burden. These students, though not immediately symptomatic, may still be at risk for developing clinical disorders if their stress remains unaddressed.

The study's findings underscore the urgency of proactive, multi-layered interventions. Mental health support in higher education must go beyond crisis response and move toward early detection and holistic prevention. Academic stress should be recognized as a legitimate mental health risk factor and included in routine screenings by institutional counselors. Evidence-based interventions such as cognitive-behavioral strategies, stress inoculation training, mindfulness practices, and psychoeducational outreach should be accessible and destigmatized on campuses. Building students' psychological resilience, teaching adaptive time and workload management, and fostering social support systems can significantly buffer the harmful effects of academic stress.

At the institutional level, universities must revisit their academic policies, workload expectations, and performance evaluation systems. A culture of excessive competition and rigidity can intensify student vulnerability, making it difficult for them to navigate academic life without psychological strain. Student-centered reforms—such as flexible learning pathways, supportive academic advisement, and integrated mental health services—are essential to fostering environments that prioritize both intellectual and emotional development.

While the study offers valuable insights, certain limitations must be acknowledged. The cross-sectional design limits causal inference, and the reliance on self-report instruments introduces potential response biases. Future research should adopt longitudinal and mixed-method approaches to capture the evolving nature of academic stress and deepen our understanding of its subjective experience. Including qualitative narratives could enrich our

view of how students internalize and respond to academic pressures, as well as how institutional contexts shape these experiences.

This study positions academic stress not as a transient inconvenience but as a significant determinant of psychological well-being among college students. Its entanglement with depression, anxiety, and physical health complaints underscores the need for systemic awareness and action. Educational institutions, clinicians, and policymakers must collaboratively recognize academic stress as a mental health priority. Only then can we cultivate an academic culture that values mental wellness as much as academic excellence and one that empowers students not just to perform, but to thrive.

Implications of the Study

This study underscores the profound impact of academic stress on the mental and physical health of college students, highlighting the urgent need for its early detection and effective management. Mental health professionals should incorporate assessments of academic stress into routine evaluations and offer evidence-based interventions, such as cognitive-behavioral therapy, to help students develop healthier coping strategies. Educational institutions play a critical role by fostering supportive learning environments, revising academic policies to reduce undue pressure, and strengthening accessible counselling and mental health services. The finding of higher stress levels among female students points to the importance of designing gender-sensitive programs. At a broader policy level, academic stress must be recognized as a significant public health concern, warranting dedicated resources and continuous monitoring within higher education. Future research should focus on culturally appropriate interventions and long-term outcomes to further guide best practices.

Limitations of the Study

While this study provides valuable insights into the psychological effects of academic stress among undergraduate students, certain limitations must be acknowledged. Firstly, the **cross-sectional design** restricts the ability to infer causality between academic stress and mental health outcomes. Secondly, data collection relied solely on **self-reported questionnaires**, which may be influenced by social desirability bias or underreporting of symptoms. Thirdly, the use of **convenience sampling** at a single institution (Santosh Medical College and Hospital) limits the generalizability of the findings to broader student populations. Additionally, the study did not account for **socioeconomic background, prior academic performance, or coping styles**, which could influence stress and mental health outcomes.

Future Recommendations

Future research should consider employing **longitudinal designs** to track changes in academic stress and mental health outcomes over time, thereby strengthening causal interpretations. Including **qualitative methods** such as interviews or focus groups may also help uncover deeper, contextual insights into students' experiences. Studies should aim for **larger, more diverse samples** across multiple academic institutions to improve generalizability. Moreover, examining the role of **moderating factors** such as resilience, coping strategies, social support, and digital stress management tools would provide a more comprehensive understanding of how students navigate academic pressure. Lastly, intervention-based studies that assess the **effectiveness of mental health programs** or academic reforms in reducing stress could directly inform institutional policy and practice.

BIBLIOGRAPHY

REFFERENCES

1. Terenzini, P. T., & Reason, R. D. (2010). *Parsing the First Year of College:*
2. *Rethinking the Effects of College on Students.* Jossey-Bass.
3. Pascarella, E. T., & Terenzini, P. T. (2005). *How College Affects Students: A Third Decade of Research.* Jossey-Bass.
4. Conley, C. S., Travers, L. V., & Bryant, F. B. (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health*, 61(2), 75–86.
5. Mounts, N. S., Valentiner, D. P., Anderson, K. L., & Boswell, M. K. (2006). Shyness, sociability, and parental support for the college transition: Relation to adolescents' adjustment. *Journal of Youth and Adolescence*, 35(1), 68–77.
6. Robbins, S. B., Lauver, K., Le, H., Davis, D., Langley, R., & Carlstrom, A. (2004). Do psychosocial and study skill factors predict college outcomes? A meta-analysis. *Psychological Bulletin*, 130(2), 261–288.
7. Misra, R., & Castillo, L. G. (2004). Academic stress among college students: Comparison of American and international students. *International Journal of Stress Management*, 11(2), 132–148.
8. Yusoff, M. S. B. (2011). Stress, stressors and coping strategies among secondary school students in a Malaysian government secondary school: Initial findings. *ASEAN Journal of Psychiatry*, 12(1), 1–15.
9. Deb, S., Strodl, E., & Sun, J. (2015). Academic stress, parental pressure, anxiety and mental health among Indian high school students. *International Journal of Psychology and Behavioral Sciences*, 5(1), 26–34.

10. Gadzella, B. M. (1994). Student-life stress inventory: Identification of and reactions to stressors. *Psychological Reports*, 74(2), 395–402.
11. Ross, S. E., Niebling, B. C., & Heckert, T. M. (1999). Sources of stress among college students. *College Student Journal*, 33(2), 312–317.
12. Schaufeli, W. B., Martínez, I. M., Pinto, A. M., Salanova, M., & Bakker, A. B. (2002). Burnout and engagement in university students. *Journal of Cross-Cultural Psychology*, 33(5), 464–481.
13. Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77(4), 534–542.
14. Dyson, R., & Renk, K. (2006). Freshmen adaptation to university life: Depressive symptoms, stress, and coping. *Journal of Clinical Psychology*, 62(10), 1231–1244.
15. Andrews, B., & Wilding, J. M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*, 95(4), 509–521.
16. Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy and Economics*, 8(3), 145–151.
17. Putwain, D. (2007). Test anxiety in UK schoolchildren: Prevalence and demographic patterns. *British Journal of Educational Psychology*, 77(3), 579–593.
18. Dweck, C. S. (2006). *Mindset: The New Psychology of Success.* Random House.
19. Britton, B. K., & Tesser, A. (1991). Effects of time-management practices on college grades. *Journal of Educational Psychology*, 83(3), 405–410.

20. Macan, T. H., Shahani, C., Dipboye, R. L., & Phillips, A. P. (1990). College students' time management: Correlations with academic performance and stress. *Journal of Educational Psychology*, 82(4), 760–768.
21. Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51(1_suppl), S41–S53.
22. Wilcox, P., Winn, S., & Fyvie-Gauld, M. (2005). 'It was nothing to do with the university, it was just the people': The role of social support in the first-year experience of higher education. *Studies in Higher Education*, 30(6), 707–722.
23. Tinto, V. (1993). *Leaving College: Rethinking the Causes and Cures of Student Attrition.* University of Chicago Press.
24. Struthers, C. W., Perry, R. P., & Menec, V. H. (2000). An examination of the relationship among academic stress, coping, motivation, and performance in college. *Research in Higher Education*, 41(5), 581–592.
25. Misra, R., McKean, M., West, S., & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal*, 34(2), 236–245.
26. Zajacova, A., Lynch, S. M., & Espenshade, T. J. (2005). Self-efficacy, stress, and academic success in college. *Research in Higher Education*, 46(6), 677–706.
27. Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological stress and disease. *JAMA*, 298(14), 1685–1687.
28. Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist*, 45(4), 249–257.
29. Harper, D. (2022). Online Etymology Dictionary. Retrieved from https://www.etymonline.com

30. Jackson, S. W. (1986). *Melancholia and Depression: From Hippocratic Times to Modern Times.* Yale University Press.
31. Shorter, E. (2007). *Before Prozac: The Troubled History of Mood Disorders in Psychiatry.* Oxford University Press.
32. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).*
33. Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety & Stress Scales* (2nd ed.). Psychology Foundation.
34. Hasler, G. (2010). Pathophysiology of depression: Do we have any solid evidence of interest to clinicians? *World Psychiatry*, 9(3), 155–161.
35. Sapolsky, R. M. (2000). Glucocorticoids and hippocampal atrophy in neuropsychiatric disorders. *Archives of General Psychiatry*, 57(10), 925–935.
36. Beck, A. T. (1967). *Depression: Clinical, Experimental, and Theoretical Aspects.* Harper & Row.
37. Cooke, R., Bewick, B. M., Barkham, M., Bradley, M., & Audin, K. (2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance & Counselling*, 34(4), 505–517.
38. Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60–67.
39. American College Health Association. (2020). *National College Health Assessment II: Reference Group Executive Summary Spring 2020.*
40. Reavley, N. J., & Jorm, A. F. (2010). Prevention and early intervention to improve mental health in higher education students: A review. *Early Intervention in Psychiatry*, 4(2), 132–142.

41. Barlow, D. H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic.* Guilford Press.
42. Freud, S. (1926). Inhibitions, symptoms and anxiety. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XX*.
43. Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy*, 46(1), 5–27.
44. Lovibond, S. H., & Lovibond, P. F. (1995). *Depression Anxiety Stress Scales – DASS-42.* Psychology Foundation of Australia.
45. Lupien, S. J., McEwen, B. S., Gunnar, M. R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behavior and cognition. *Nature Reviews Neuroscience*, 10(6), 434–445.
46. LeDoux, J. (2000). Emotion circuits in the brain. *Annual Review of Neuroscience*, 23(1), 155–184.
47. Nutt, D. J., & Malizia, A. L. (2001). New insights into the role of the GABA(A)-benzodiazepine receptor in psychiatric disorder. *The British Journal of Psychiatry*, 179(5), 390–396.
48. Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440.
49. Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, 41(1), 167–181.
50. Zeidner, M. (1998). *Test Anxiety: The State of the Art.* Springer Science & Business Media.

51. Strahan, E. Y. (2003). The effects of social anxiety and social skills on academic performance. *Personality and Individual Differences*, 34(2), 347–366.
52. Selye, H. (1956). *The Stress of Life.* McGraw-Hill.
53. Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping.* Springer Publishing.
54. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
55. Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44(2), 227–239.
56. McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338(3), 171–179.
57. Arnsten, A. F. T. (2009). Stress signalling pathways that impair prefrontal cortex structure and function. *Nature Reviews Neuroscience*, 10(6), 410–422.
58. Joëls, M., & Baram, T. Z. (2009). The neuro-symphony of stress. *Nature Reviews Neuroscience*, 10(6), 459–466.
59. Martin, A. J., & Marsh, H. W. (2008). Academic buoyancy: Towards an understanding of students' everyday academic resilience. *Journal of School Psychology*, 46(1), 53–83.
60. Credé, M., & Niehorster, S. (2012). Adjustment to college as measured by the Student Adaptation to College Questionnaire: A quantitative review of its structure and relationships with correlates and consequences. *Educational Psychology Review*, 24(1), 133–165.

61. Brougham, R. R., Zail, C. M., Mendoza, C. M., & Miller, J. R. (2009). Stress, sex differences, and coping strategies among college students. *Current Psychology*, 28(2), 85–97.

62. Vaez, M., Kristenson, M., & Laflamme, L. (2004). Perceived quality of life and self-rated health among first-year university students. *Social Indicators Research*, 68(2), 221–234.

63. Misra, R., & McKean, M. (2000). College students' academic stress and its relation to their anxiety, time management, and leisure satisfaction. *American Journal of Health Studies*, 16(1), 41–51.

64. Conley, C. S., Durlak, J. A., & Dickson, D. A. (2013). An evaluative review of outcome research on universal mental health promotion and prevention programs for higher education students. *Journal of American College Health*, 61(5), 286–301.

65. World Health Organization. (1948). *Constitution of the World Health Organization.*

66. Goldberg, D. P., & Williams, P. (1988). *A User's Guide to the General Health Questionnaire.* NFER-Nelson.

67. Montazeri, A., Harirchi, A. M., Shariati, M., Garmaroudi, G., Ebadi, M., & Fateh, A. (2003). The 12-item General Health Questionnaire (GHQ-12): Translation and validation study of the Iranian version. *Health and Quality of Life Outcomes*, 1, 66.

68. Banks, M. H. (1983). Validation of the General Health Questionnaire in a young community sample. *Psychological Medicine*, 13(2), 349–353.

69. Adlaf, E. M., Gliksman, L., Demers, A., & Newton-Taylor, B. (2001). The prevalence of elevated psychological distress among Canadian undergraduates: Findings from the 1998 Canadian Campus Survey. *Journal of American College Health*, 50(2), 67–72.

70. Stallman, H. M. (2011). Embedding resilience within the tertiary curriculum: A feasibility study. *Higher Education Research & Development*, 30(2), 121–133.
71. Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, 41(1), 167–181.
72. Eisenberg D, Gollust SE, Golberstein E, Hefner JL. Prevalence and correlates of depression, anxiety, and suicidality among university students. *Am J Orthopsychiatry*. 2007;77(4):534–542.
73. Hamaideh SH. Stressors and reactions to stressors among university students. *Int J Soc Psychiatry*. 2011;57(1):69–80.
74. Beiter R, Nash R, McCrady M, Rhoades D, Linscomb M, Clarahan M, Sammut S. The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *J Affect Disord*. 2015;173:90–96.
75. Pascoe MC, Hetrick SE, Parker AG. The impact of stress on students in secondary school and higher education. *Int J Adolesc Youth*. 2020;25(1):104–112.
76. American College Health Association. National College Health Assessment III: Undergraduate Student Reference Group Data Report Spring 2021. Silver Spring, MD: ACHA; 2021.
77. Karyotaki E, Cuijpers P, Albor Y, Alonso J, Auerbach RP, Bantjes J, et al. Sources of stress and their associations with mental disorders in university students: a multi-country cross-sectional study. *Psychol Med*. 2020;50(9):1562–1571.
78. Lupien SJ, McEwen BS, Gunnar MR, Heim C. Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Nat Rev Neurosci*. 2009;10(6):434–445.
79. Richardson T, Elliott P, Roberts R. The impact of tuition fees amount on mental health over time in British students. *J Public Health*. 2012;35(2):171–177.

80. Regehr C, Glancy D, Pitts A. Interventions to reduce stress in university students: A review and meta-analysis. *J Affect Disord*. 2013;148(1):1–11.
81. Boulton M, Kneale D, Stansfeld S, Sutcliffe K, Harden A. The impact of school environment and peer influences on adolescents' mental health: a systematic review. *Eur Child Adolesc Psychiatry*. 2019;28(2):163–180.
82. Conrad CD, Bimonte-Nelson HA. Impact of chronic stress on behaviour: a neurobiological perspective. *Physiol Behav*. 2017;176(1):139–148.
83. Seo YJ. The influence of stress and anxiety on college students' academic performance: mediating effect of self-efficacy. *Korean J Youth Stud*. 2018;25(4):123–147.
84. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. New York: Springer Publishing Company; 1984.
85. Gadzella BM. Students' stress and reactions to stressors. *J Coll Stud Dev*. 2004;45(5):499–510.
86. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. *Acad Med*. 2006;81(4):354–373.
87. Brougham RR, Zail CM, Mendoza CM, Miller JR. Stress, sex differences, and coping strategies among college students. *Curr Psychol*. 2009;28(2):85–97.
88. Misra R, Castillo LG. Academic stress among college students: comparison of American and international students. *Int J Stress Manag*. 2004;11(2):132–148.
89. Ross SE, Niebling BC, Heckert TM. Sources of stress among college students. *Coll Stud J*. 2006;40(2):312–317.

90. Lin MF, Yusoff MSB. Examining academic stress, coping strategies and psychological well-being among Malaysian students. *J Med Educ Curric Dev*. 2013;5:1–8.

91. Kabat-Zinn J. Mindfulness-based interventions in context: past, present, and future. *Clin Psychol Sci Pract*. 2003;10(2):144–156.

92. Hefner J, Eisenberg D. Social support and mental health among college students. *Am J Orthopsychiatry*. 2009;79(4):491–499.

93. Shapiro SL, Brown KW, Astin JA. Toward the integration of meditation into higher education: a review of research. *Teach Psychol*. 2008;35(2):64–70.

94. Sbarra DA, Allen JJ. Decreased heart rate reactivity and accelerated recovery to stress in young adults with high levels of positive emotion. *Emotion*. 2009;9(2):145–157.

95. World Health Organization. WHO Report on Promoting Mental Health in Universities: Towards a Health-Promoting University. Geneva: WHO; 2019.

96. Conley CS, Durlak JA, Kirsch AC. A meta-analysis of universal mental health prevention programs for higher education students. *Prev Sci*. 2015;16(4):487–507.

97. Credé M, Kuncel NR. Study habits, skills, and attitudes: the third pillar supporting collegiate academic performance. *Perspect Psychol Sci*. 2008;3(6):425–453.

98. Stallman HM. Psychological distress in university students: A comparison with general population data. *Aust Psychol*. 2010;45(4):249–257.

99. Shapiro SL, Oman D, Thoresen CE, Plante TG, Flinders T. Cultivating mindfulness: effects on well-being. *J Clin Psychol*. 2008;64(7):840–862.

100. Shapiro SL, Brown KW, Biegel GM. Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Train Educ Prof Psychol*. 2007;1(2):105–115.

101. Arnett JJ. Emerging adulthood: A theory of development from the late teens through the twenties. *Am Psychol.* 2000;55(5):469–80.

102. Bayram N, Bilgel N. The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Soc Psychiatry Psychiatr Epidemiol.* 2008;43(8):667–72.

103. Misra R, Castillo LG. Academic stress among college students: Comparison of American and international students. *Int J Stress Manag.* 2004;11(2):132–48.

104. Gadzella BM. Student-life stress inventory: Identification of and reactions to stressors. *Psychol Rep.* 2004;94(3_suppl):1215–28.

105. Hudd SS, Dumlao J, Erdmann-Sager D, Murray D, Phan E, Soukas N, et al. Stress at college: Effects on health habits, health status and self-esteem. *Coll Stud J.* 2000;34(2):217–27.

106. American Psychological Association. *Stress in America: Generation Z.* Washington, DC: APA; 2018.

107. Saleh D, Camart N, Romo L. Predictors of stress in college students. *Front Psychol.* 2017;8:19.

108. Shankar NL, Park CL. Effects of stress on students' physical and mental health and academic success. *Int J Sch Educ Psychol.* 2016;4(1):5–9.

109. Beiter R, Nash R, McCrady M, Rhoades D, Linscomb M, Clarahan M, et al. The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *J Affect Disord.* 2015;173:90–6.

110. Dyrbye LN, Thomas MR, Shanafelt TD. A systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. *Acad Med.* 2006;81(4):354–73.

111. Hamaideh SH. Stressors and reactions to stressors among university students. *Int J Soc Psychiatry.* 2011;57(1):69–80.

112. Ibrahim AK, Kelly SJ, Adams CE, Glazebrook C. A systematic review of studies of depression prevalence in university students. *J Psychiatr Res.* 2013;47(3):391–400.

113. Beck AT. Cognitive therapy and the emotional disorders. New York: International Universities Press; 1976.

114. Salkovskis PM. The importance of behaviour in the maintenance of anxiety and panic: A cognitive account. *Behav Res Ther.* 1991;29(6):611–7.

115. Regehr C, Glancy D, Pitts A. Interventions to reduce stress in university students: A review and meta-analysis. *J Affect Disord.* 2013;148(1):1–11.

116. Pascoe MC, Hetrick SE, Parker AG. The impact of stress on students in secondary school and higher education. *Int J Adolesc Youth.* 2020;25(1):104–12.

117. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. New York: Springer; 1984.

118. Sahu P. Closure of universities due to coronavirus disease 2019 (COVID-19): Impact on education and mental health of students and academic staff. *Cureus.* 2020;12(4):e7541.

119. McEwen BS. Protective and damaging effects of stress mediators. *N Engl J Med.* 1998;338(3):171–9.

120. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behav Res Ther.* 1995;33(3):335–43.

121. Stallman HM. Psychological distress in university students: A comparison with general population data. *Aust Psychol.* 2010;45(4):249–57.

122. Shapiro SL, Brown KW, Astin JA. Toward the integration of meditation into higher education: A review of research. *Teach Psychol.* 2008;35(4):233–9.

123. Engel GL. The clinical application of the biopsychosocial model. *Am J Psychiatry*. 1980;137(5):535–44.

ANNEXURES

Annexure I Consent form English

SANTOSH MEDICAL COLLEGE, HOSPITAL
NO.1, AMBEDKAR ROAD,GHAZIABAD, U.P,201001
DEPARTMENT OF CLINICAL PSYCHOLOGY

CONSENT FORM

Name of the participant_____

Date_____

You are requested to be a part of this study title **"ACADEMIC STRESS AND ITS CLINICAL IMPLICATION AMONG COLLEGE STUDENTS"** is to be conducted in the Department of Clinical Psychology at Santosh Deemed to be University Ghaziabad, Uttar Pradesh. This study to examine the relationship between academic stress and mental health outcomes in college students, with a specific focus on how personality influence levels of stress, anxiety, and depression

Your participation is voluntary; and you can withdraw at any time without consequences. Your participation will contribute to important research in Psychology. If you agree, you will complete questionnaires, which will take 20-30 minutes. All information will be confidential, and your identity will remain anonymous in reports. Data will be securely stored and accessible only to the research team. There are minimal risks, and while there may be no direct benefits to you, your contribution will help advance research in this field.

I _____agree to participate in this research.

Name
Signature:
Date:
Investigators

Miss Vaishnavi (Msc. Clinical Psychology Student. Santosh Deemed to be University Ghaziabad)
Email- vaish.tyagi144@gmail.com

Guide-Dr. Niharika Arora, Guide, Asst. Professor dept of Clinical Psychology, Santosh Deemed to be University Ghaziabad

Co Guide- Dr Brijesh Saran , MD, Associate Professor , Department of Psychiatry, Santosh Deemed to be University Ghaziabad

Annexure II Consent form Hindi

संतोष मेडिकल, कॉलेज अस्पताल

नंबर 1, अम्बेडकर रोड, ग़ाज़ियाबाद, यू.पी., 201001

रोगविषयक मनोविज्ञान विभाग

सहमति प्रदान पत्र

तिभागी का नाम-

तारीख-

आपसे अनुरोध है कि आप **"कॉलेज के छात्रों में शैक्षणिक तनाव और इसके रोगविषयक निहितार्थ"** नामक इस शोध कार्य का हिस्सा बनें, जो संतोष डीम्ड विश्वविद्यालय गाजियाबाद, उत्तर प्रदेश के रोगविषयक मनोविज्ञान विभाग में आयोजित किया जा रहा है। यह अध्ययन इस बात की जांच करेगा कि शैक्षणिक तनाव कॉलेज के छात्रों में तनाव, चिंता, अवसाद और व्यक्तित्व विशेषताओं के स्तर को कैसे प्रभावित करता है। आपकी भागीदारी स्वैच्छिक है; आप अपनी भागीदारी वापस ले सकते हैं| आपकी भागीदारी मनोविज्ञान में महत्वपूर्ण शोध में योगदान देगी। यदि आप सहमत हैं, तो कृपया आप प्रश्नावली भरें, जिसमें 20-30 मिनट लगेंगे। सभी जानकारी गोपनीय रहेगी, और रिपोर्ट में आपकी पहचान गुमनाम रहेगी। डेट, आपका योगदान इस क्षेत्र में अनुसंधान को आगे बढ़ाने में मदद करेगा।

मैं_____इस शोध में भाग लेने के लिए सहमत हूँ।

हस्ताक्षर:

जांचकर्ता

वैष्णवी त्यागी ,विज्ञान निष्णात ,,रोगविषयक मनोविज्ञान छात्रा , संतोष डीम्ड विश्वविद्यालय गाजियाबाद, उत्तर प्रदेश।
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मार्गदर्शक- डॉ. निहारिका अरोड़ा सहायक प्रोफेसर, रोगविषयक मनोविज्ञान विभाग, संतोष डीम्ड विश्वविद्यालय गाजियाबाद, उत्तर प्रदेश।

सह मार्गदर्शक- डॉ. बृजेश सरन, एमडी, एसोसिएट प्रोफेसर, मनोचिकित्सा विभाग, संतोष डीम्ड यूनिवर्सिटी गाजियाबा

Annexure III Preliminary Form

SANTOSH MEDICAL COLLEGE HOSPITALS, NO.1 AMBEDKAR ROAD GHAZIABAD, UP DEPARTMENT OF CLINICAL PSYCHOLOGY

PRELIMINARY FORM

Performa for preliminary identification details **"IMPACT OF ACADEMIC STRESS ON COLLEGE STUDENTS "**

Name: **Date:**
Age:
Date of Birth
Gender:
Educational qualification:
Marital status:
Residential Address:
Educational Qualification:
Current Institution:
Batch and Course :
Contact Number:
Email address:
Family structure: Nuclear/Joint:

Family history of any Mental illness or other illness, if yes specify:

_____
_____
_____

Test administered:

_____
_____

Test Findings:

_____

Annexure IV General Health Questionnaire 12

INSTRUCTIONS:

We would like to know if you have any medical complaints and how your health has been in general, over the past few weeks. We want to know about present and recent complaints, not those you had in the past.

S.NO.	PARTICULARS	ALWAYS	OFTEN	SOMETIMES	NEVER
1.	Able to concentrate	0	1	2	3
2.*	Lost much sleep over worry	3	2	1	0
3.	Playing a useful part	0	1	2	3
4.	Felt capable of making decisions	0	1	2	3
5.*	Felt constantly under strain	3	2	1	0
6.*	Could not overcome difficulties	3	2	1	0
7.	Able to enjoy day-to-day activities	0	1	2	3
8.	Able to face up to your problems	0	1	2	3
9.*	Feeling unhappy and depressed	3	2	1	0
10.*	Been losing confidence in yourself	3	2	1	0
11.*	Thinking of self as worthless person	3	2	1	0
12.	Feeling reasonably happy all things considered	0	1	2	3

*** Negatively scored items.**

Annexure V Academic Stress Scale

ACADEMIC STRESS SCALE

This scale consists of 40 items describing the stress in your institution/ college life from the various sources. The level of stress you feel for each item can be indicated by marking a '✓' mark in the bracket given against each statement.

If you feel No Stress put a '✓' mark in the 1st bracket (NS), Slight Stress in the 2nd (SS), Moderate Stress in the 3rd (MS), High Stress in the 4th (HS) and you feel Extreme Stress put a '✓' mark in the 5th bracket (ES).

S.No	Statement	NS	SS	MS	HS	ES
1.	Teachers make too many extra demands on students.	( )	( )	( )	( )	( )
2.	Poor interest in some subjects.	( )	( )	( )	( )	( )
3.	Progress reports to parents	( )	( )	( )	( )	( )
4.	The teacher is not humours towards us.	( )	( )	( )	( )	( )
5.	Lack of concentration during study hours.	( )	( )	( )	( )	( )
6.	Difficulty in remembering all that is studied.	( )	( )	( )	( )	( )
7.	Worrying about the examinations.	( )	( )	( )	( )	( )
8.	Lack of self-confidence.	( )	( )	( )	( )	( )
9.	The teachers do not listen to our ideas.	( )	( )	( )	( )	( )
10.	Conflict with friends/college authorities.	( )	( )	( )	( )	( )
11.	Teachers give more punishment in the class.	( )	( )	( )	( )	( )

12.	Worry about results after examinations.	( )	( )	( )	( )	( )
13.	Hesitate to ask the teacher for detailed explanation.	( )	( )	( )	( )	( )
14.	Biased attitude of the teacher.	( )	( )	( )	( )	( )
15.	Inadequate space or room for study at home.	( )	( )	( )	( )	( )
16.	Not knowing how to prepare for the examinations.	( )	( )	( )	( )	( )
17.	Lack of assertiveness (confidence) in the class.	( )	( )	( )	( )	( )
18.	Lack of opportunity to meet teachers.	( )	( )	( )	( )	( )
19.	Teacher shows socio-economic status on students.	( )	( )	( )	( )	( )
20.	Slow in getting along with the curriculum.	( )	( )	( )	( )	( )
21.	Exam papers are tough and not valued well.	( )	( )	( )	( )	( )
22.	Unable to complete the assignment in time.	( )	( )	( )	( )	( )
23.	Lack of communication between teachers and students.	( )	( )	( )	( )	( )
24.	Monotonous (boring or tedious) teaching style by the teacher.	( )	( )	( )	( )	( )
25.	Not enough discussion in the class.	( )	( )	( )	( )	( )
26.	Lack of mutual help among classmates.	( )	( )	( )	( )	( )
27.	Lack of fluency while speaking the language other than the mother tongue.	( )	( )	( )	( )	( )
28.	Difficulty in public speaking.	( )	( )	( )	( )	( )
29.	The teacher is fast and does not use blackboard legibly.	( )	( )	( )	( )	( )
30.	Teachers lacking interest in students.	( )	( )	( )	( )	( )

31.	Examination syllabus is too heavy in some subjects.	( )	( )	( )	( )	( )
32.	Feeling of inferiority.	( )	( )	( )	( )	( )
33.	Unable to discuss Academic failures with parents.	( )	( )	( )	( )	( )
34.	Not able to grasp the subject matter.	( )	( )	( )	( )	( )
35.	Incomplete and confusing study material.	( )	( )	( )	( )	( )
36.	Eleventh hour preparation for the examinations.	( )	( )	( )	( )	( )
37.	Importance of the subject matter.	( )	( )	( )	( )	( )
38.	Difficulty in adjusting with opposite gender.	( )	( )	( )	( )	( )
39.	Inadequate subject knowledge of the teacher.	( )	( )	( )	( )	( )
40.	Inadequate lab and library facilities.	( )	( )	( )	( )	( )

Annexure VI Depression, Anxiety and stress scale

DASS

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Reminder of rating scale:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

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F. No. SU/2025/CRF/294 Dated: 25.05.2025

Subject: Approval of Research Project by the Institutional Human Ethics Committee.

Particular	Description
Project No.	EC/ M.Sc. Clinical Psychology./294
Project Title	Academic Stress And It's Clinical Implications Among College Students
Student Name	Vaishnavi Tyagi
Guide	Dr Niharika Arora
Department	M.Sc. Clinical Psychology
Institution Name	Santosh Medical College & Hospital, Ghaziabad
Type of Study	Cross-sectional study
Ethics committee decision	Approved

This Ethical clearance letter valid for 2 years from the date of issue.

Jyoti Batra

Dr. Jyoti Batra
Member Secretary

Santosh Deemed to be University Dean Research

To,
Vaishnavi Tyagi
M.Sc. Clinical Psychology

SANTOSH
Deemed to be University

STATISTICIAN CERTIFICATE

This is to certify that the statistical analysis component of the thesis titled **"Academic Stress and its Clinical Implications among College Students"**, done by **Vaishnavi Tyagi** in the **Department of Clinical Psychology**, Santosh Medical College and Hospital, Ghaziabad, has been conducted under my direct guidance and supervision.

All the statistical calculations of this study are authentic and correct to the best of my knowledge.

Wish her all the success in her life.

Dr. Vikash Singh Patel
Assistant Professor cum Statistician
Department of Community Medicine
Santosh Deemed To be University, Ghaziabad
Email: pvikash885@gmail.com

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Master chart

Name	Gender	Age	Course	Academic Stress Score	GHQ_12	DASS_Depression	DASS_Anxiety	DASS_Stress
DA	F	23	BOT	66	16	15	11	15
SC	F	20	GNM	61	26	9	14	9
CA	F	21	BSc Nutrition	74	12	14	9	12
TG	F	23	BSc ZBC	67	17	27	19	10
KS	F	19	BSc Nursing	59	12	18	6	14
TV	F	22	BOT	68	8	10	21	25
CP	M	21	BSc CP	60	12	20	10	7
BE	F	21	BSc CP	69	16	9	1	5
FV	M	23	BOT	71	13	0	11	24
FN	M	18	GNM	61	12	5	6	14
FV	F	19	BSc Nutrition	70	8	0	15	11
BS	F	21	BSc ZBC	67	16	10	6	21
EQ	F	19	BSc Nursing	69	7	12	7	11
KP	F	19	BOT	74	21	24	0	26
UO	M	22	BSc CP	64	16	14	7	19
GA	M	21	BSc CP	61	7	10	0	12
HB	F	20	BOT	61	14	18	0	28
IS	M	22	GNM	61	11	0	15	11
FJ	F	22	BSc Nutrition	65	18	14	15	19
SN	M	19	BOT	67	24	17	13	17
AK	M	22	GNM	66	5	2	4	23
NM	F	21	BSc Nutrition	69	17	20	10	24
CT	M	18	BSc ZBC	65	15	14	10	15
AV	F	22	BSc Nursing	72	20	9	3	10
AV	F	20	BOT	64	17	16	19	18
AG	F	22	BSc CP	79	11	28	15	11
BD	M	22	BSc CP	68	14	13	9	27
KF	M	18	BOT	61	11	14	10	16
VS	F	22	GNM	60	22	9	11	13
ZZ	F	20	BSc Nutrition	67	16	6	0	16

BH	F	21	BSc ZBC	64	27	18	9	7
NQ	M	17	BSc Nursing	69	16	6	6	9
AF	F	20	BOT	67	12	13	4	22
NV	F	18	BSc CP	65	7	9	8	11
CU	M	22	BSc CP	61	5	15	21	9
AB	F	21	BOT	57	6	14	14	18
CI	F	20	GNM	63	18	19	7	22
OK	M	17	BSc Nutrition	69	19	8	13	19
DU	F	17	BOT	66	7	10	18	21
SV	F	19	BSc Nursing	59	21	5	16	10
ZP	F	19	BOT	66	13	9	10	6
KM	F	21	BSc ZBC	67	17	15	6	24
BN	F	18	BSc ZBC	61	26	17	14	13
VJ	F	22	BPT	66	21	6	12	13
BE	F	20	BSc Nursing	65	14	18	15	23
UA	F	20	BSc ZBC	59	11	21	14	18
SG	F	22	BOT	67	3	15	16	18
CG	F	21	BSc Nursing	68	12	25	7	28
JB	F	22	BSc ZBC	70	15	7	18	11
PD	M	22	BOT	70	10	3	11	21
PO	F	21	BSc ZBC	76	15	0	22	15
EM	F	22	BOT	78	16	22	6	17
ML	M	19	BOT	84	15	17	20	24
VA	F	20	BOT	84	12	12	11	18
MM	F	21	BPT	84	17	14	6	18
HG	F	20	BSc Nutrition	97	19	4	7	21
F	F	22	BOT	84	9	29	8	13
IZ	F	17	BSc Nutrition	87	24	13	13	10
UF	F	19	GNM	86	15	13	13	9
CH	M	21	BPT	85	16	17	7	3

KH	F	19	BOT	81	20	15	10	27
AA	M	21	BOT	85	17	14	23	8
DA	F	21	GNM	79	22	6	20	14
HP	F	17	BPT	81	18	15	13	13
KF	F	21	BSc Nutrition	80	12	25	10	17
UA	M	18	BSc Nutrition	82	18	21	11	20
VT	M	20	BSc Nutrition	91	9	23	14	20
CA	F	17	BOT	75	17	8	4	12
CV	F	20	BSc CP	85	16	5	8	14
QB	F	22	BSc Nutrition	76	15	11	0	17
QF	M	18	BSc Nutrition	80	15	12	12	14
SG	F	18	BPT	86	5	20	14	25
LA	F	17	BPT	82	13	0	7	18
TA	F	18	BOT	78	17	21	19	19
VQ	M	21	BSc Nursing	79	17	11	3	19
EE	F	18	GNM	85	10	9	1	22
VA	M	20	BPT	79	24	5	11	16
OO	F	20	BOT	83	11	0	16	7
VF	F	21	BPT	82	22	18	20	17
LO	F	20	BSc ZBC	79	19	13	7	11
EC	F	21	BSc Nursing	91	12	3	16	12
BG	M	20	BSc Nutrition	85	27	3	10	19
AS	F	21	GNM	74	9	10	9	22
NL	M	22	BPT	83	22	24	15	15
KC	F	21	BSc Nutrition	79	22	10	14	17
AA	F	19	BPT	85	12	1	1	25
DG	M	22	BOT	79	24	10	19	16
OK	M	17	BSc ZBC	82	14	10	18	31
ZI	F	20	BSc CP	84	18	0	6	18
FD	M	18	GNM	85	18	12	12	4

JA	F	22	BSc ZBC	77	15	10	13	20
MP	F	20	BOT	81	21	17	12	17
AA	F	18	BSc Nursing	80	21	25	7	23
JA	F	22	BSc CP	79	6	20	6	19
KZ	M	22	BSc Nursing	89	24	10	10	14
RU	F	22	BOT	84	6	4	17	8
HD	F	18	BOT	77	22	30	13	14
BI	M	20	BSc CP	86	23	12	8	10
TT	M	22	BOT	90	9	12	15	12
ZF	F	21	BPT	86	14	12	0	19
FV	F	21	BSc CP	76	9	13	17	25
MQ	F	18	BSc CP	80	15	11	0	17
AT	F	18	BSc ZBC	87	14	8	8	8
GQ	F	20	BSc Nursing	79	21	8	3	18
SR	M	18	BSc CP	84	24	12	2	22
DL	F	18	BSc CP	85	24	8	17	11
UA	F	22	BSc Nursing	78	13	7	7	14
AG	M	20	GNM	82	15	13	12	15
BV	F	22	BSc ZBC	69	6	10	10	10
DU	M	21	BSc ZBC	78	11	23	13	19
AE	F	22	BSc CP	81	22	0	10	14
PH	F	21	BSc CP	77	26	20	2	18
CI	M	22	BSc ZBC	89	9	21	16	10
TB	F	22	BPT	76	12	0	7	12
KN	F	21	BPT	80	16	10	1	19
BL	F	20	BOT	83	18	9	7	13
ES	F	17	BSc Nutrition	88	11	2	19	25
MN	F	22	BPT	76	19	7	15	13
CA	F	22	BSc CP	87	13	4	8	16
AD	F	21	BOT	82	16	24	8	21

UK	F	22	BOT	78	19	19	8	6
LA	F	21	BSc ZBC	84	16	21	22	4
CL	F	18	BOT	83	13	17	12	6
VB	F	21	BSc ZBC	80	15	4	13	23
GG	F	21	BOT	82	15	8	16	12
ED	M	22	BSc Nursing	80	14	15	11	30
CC	M	18	BSc Nursing	82	14	3	8	12
PE	F	17	GNM	85	26	17	9	16
LO	F	20	BOT	88	19	10	10	24
KP	F	20	BSc CP	77	14	9	10	27
ZN	M	20	BSc Nutrition	91	20	17	14	27
UC	M	21	BSc CP	74	14	15	10	22
OB	F	17	BSc Nutrition	81	23	9	14	21
FN	F	21	BSc Nutrition	84	18	20	10	19
SS	F	21	BOT	83	15	4	10	20
VK	M	21	BOT	80	19	16	0	12
NA	M	17	GNM	81	7	16	15	10
QJ	M	17	BPT	80	9	10	12	15
BN	F	21	BSc Nursing	80	9	14	16	14
OB	F	17	GNM	85	17	3	0	12
TG	F	22	BPT	98	26	18	23	19
AA	F	17	GNM	94	29	11	9	21
RD	M	20	GNM	101	20	8	17	16
JA	F	22	GNM	98	19	19	4	24
BN	M	22	GNM	100	5	7	14	8
AE	F	21	BOT	100	13	2	4	14
UT	F	19	BOT	94	11	1	6	11
ND	F	19	BSc Nursing	95	12	16	21	4
BO	M	17	BSc CP	100	15	3	9	15
QL	M	22	BSc CP	99	13	24	11	14

AP	F	19	BSc Nutrition	97	4	0	15	24
OB	F	19	BOT	97	20	24	13	19
GA	F	17	BSc ZBC	102	10	13	11	9
VA	M	19	BSc ZBC	95	17	11	12	26
AO	M	21	GNM	99	28	8	24	22
AV	F	18	BPT	96	10	15	10	18
DK	F	21	GNM	96	1	12	11	14
BP	M	18	BSc ZBC	101	14	20	16	9
NJ	F	17	BOT	100	23	13	17	13
AQ	F	20	BPT	100	28	13	17	22
AB	F	23	GNM	102	9	9	14	26
VB	F	17	BOT	97	19	12	3	24
BA	F	22	BPT	100	13	14	20	12
BH	F	20	BSc Nursing	96	15	0	3	8
OC	F	18	BSc ZBC	98	32	3	12	16
RA	F	17	GNM	96	7	17	5	4
RC	F	22	BOT	97	18	13	10	17
VF	F	21	BPT	99	19	11	12	14
CC	M	21	BSc Nutrition	94	23	12	12	12
LN	M	22	GNM	105	17	14	13	5
NB	M	22	BSc CP	93	18	8	20	18
AE	M	21	BSc CP	92	14	7	13	12
VB	M	19	BSc Nursing	102	18	13	9	8
IH	F	20	GNM	100	14	5	16	0
SB	M	22	BPT	99	20	15	17	15
AQ	M	22	BSc ZBC	100	14	0	3	26
ZF	F	19	BPT	97	18	19	14	25
MH	F	19	BSc Nutrition	93	16	15	14	12
BR	M	17	BOT	97	23	14	8	11
TA	F	19	BOT	94	16	19	18	18

HS	M	21	BSc CP	101	5	24	9	9
IP	M	21	BOT	96	24	19	11	17
FB	M	22	BSc ZBC	94	11	0	9	20
ME	M	19	BPT	96	12	3	10	22
US	F	17	BPT	99	12	8	3	14
VL	F	21	BSc CP	95	24	12	1	14
AI	F	18	BSc ZBC	94	3	16	20	10
GA	F	21	BSc CP	98	35	7	5	10
JU	F	21	BOT	98	22	13	4	14
VL	M	22	BSc Nursing	95	17	7	0	17
CD	M	21	BOT	95	16	8	6	20
PD	F	19	BSc Nursing	98	18	2	2	10
LV	F	17	GNM	91	19	6	20	24
BZ	F	21	BOT	91	20	3	16	13
CL	F	19	BOT	94	19	5	6	15
VF	F	18	BOT	96	17	19	24	11
LQ	F	18	BSc Nursing	98	15	5	16	0
KC	M	20	BSc Nutrition	103	15	30	8	20
OC	M	21	BOT	100	15	15	0	19
DF	F	19	BSc CP	96	23	13	24	13
IQ	F	19	BOT	97	20	6	2	15
GC	F	22	GNM	93	0	17	0	18
NV	F	19	BPT	97	20	8	16	6
JR	F	17	BSc Nutrition	96	17	13	25	12
EB	M	20	BOT	98	16	30	18	20
UU	M	21	BPT	94	14	11	13	7
DG	F	22	BOT	99	23	20	14	17
IS	F	20	BSc Nutrition	103	22	7	15	7
KB	M	22	BSc Nursing	97	11	12	15	18
EP	M	21	BSc CP	99	18	24	12	15

TA	F	19	GNM	100	10	8	11	5
IR	F	20	BPT	95	8	25	10	22
PI	F	21	BPT	98	12	17	5	11
TB	M	18	BOT	97	21	8	8	10
TG	M	19	BSc Nutrition	97	22	16	0	16
FA	F	21	BSc Nursing	94	19	19	9	22
QG	M	20	BPT	97	20	16	4	9
VT	F	21	GNM	99	19	1	3	15
AA	F	22	BSc Nutrition	103	12	7	11	18
DT	M	18	BOT	101	19	10	18	19
ZV	F	19	BPT	106	21	11	16	16
MH	F	19	GNM	94	21	16	1	13
IK	F	22	BSc Nursing	100	23	13	4	10
UT	F	20	BPT	98	20	3	16	16
AI	F	18	BPT	106	18	15	4	9
PA	F	18	BSc Nursing	94	22	16	9	0
ZT	M	21	BPT	94	16	16	13	18
PB	M	22	BOT	95	11	20	4	20
VH	F	17	GNM	89	15	18	11	1
SA	F	21	BSc ZBC	95	12	15	2	9
NS	F	22	GNM	94	12	12	6	19
UM	M	20	BSc Nursing	98	15	0	12	27
FZ	M	20	BPT	98	11	15	0	15
RC	F	20	BSc Nutrition	105	14	13	13	11
AB	M	20	BSc ZBC	101	5	14	10	14
IA	F	20	BSc Nursing	95	17	3	13	23
RF	M	22	BSc ZBC	93	16	4	11	11
SS	M	22	BSc CP	99	11	19	18	10
KK	F	19	BSc Nutrition	92	20	12	11	12
CE	F	22	BPT	104	22	17	7	9

JZ	F	18	BOT	102	6	12	11	16
GH	M	18	BSc Nutrition	95	11	12	13	25
MO	M	20	BSc Nursing	90	11	19	10	17
AA	F	17	BPT	102	10	8	10	13
BO	M	18	BOT	97	21	13	6	13
KM	F	22	BOT	102	15	9	6	6
MB	F	17	BSc CP	91	14	9	2	20
UJ	F	17	BSc CP	95	4	10	20	15
SI	F	17	BPT	97	20	14	3	14
EA	F	19	BOT	97	9	9	6	34
DH	M	22	BSc CP	108	16	21	6	17
PN	F	17	BOT	112	18	6	15	10
ZO	M	20	BSc ZBC	106	24	11	8	12
SC	M	21	BSc Nutrition	109	8	9	17	22
GQ	F	17	BSc ZBC	110	0	22	6	16
MI	F	19	BSc CP	112	17	13	12	6
HS	M	17	BSc Nursing	113	27	19	5	21
VB	F	22	BSc ZBC	106	23	2	23	11
AO	F	22	BSc ZBC	104	17	14	3	26
BS	F	19	BOT	115	13	18	12	21
CS	F	17	BSc Nursing	111	21	13	14	12
AB	F	22	BSc Nursing	107	10	19	12	23
DB	M	21	BSc Nutrition	116	19	8	9	15
TV	F	17	BSc Nutrition	110	19	22	9	20
BZ	M	19	BPT	115	22	28	10	18
SV	M	18	BOT	110	33	9	9	10
CO	F	20	BOT	118	18	9	16	11
BA	F	22	BSc Nutrition	117	13	22	23	21
AS	F	17	BSc Nutrition	109	16	23	7	13
TM	F	19	BSc ZBC	114	5	8	2	13

MB	F	22	BOT	113	12	9	9	9
OU	M	22	BPT	115	14	10	25	18
JI	M	22	GNM	106	13	3	5	27
IC	F	22	BOT	113	17	6	20	9
LE	M	17	BSc Nursing	114	11	5	20	15
DN	F	20	BSc Nutrition	103	23	7	7	23
NE	F	17	BSc CP	105	16	12	13	15
TC	M	22	BSc Nursing	102	16	14	20	18
AZ	M	17	BPT	109	14	23	8	9
CB	M	18	BSc ZBC	113	17	5	9	18
BK	F	20	BSc ZBC	116	21	19	7	14
HO	M	20	GNM	110	11	11	4	21
DV	M	22	GNM	117	12	12	6	22
AP	F	17	BPT	104	14	17	3	31
PB	F	18	BPT	103	8	4	10	18
HV	F	19	BPT	110	11	15	5	17
FF	F	17	BSc Nutrition	112	13	13	11	16
MN	M	21	BSc ZBC	110	21	15	1	13
AB	M	17	BSc Nutrition	102	18	14	12	17
FM	F	22	BSc Nursing	110	17	29	15	13
TB	F	17	BPT	105	21	8	0	16
OA	M	19	BSc CP	113	15	8	12	23
TA	M	17	BOT	111	18	8	17	9
JA	F	18	BSc Nutrition	106	15	8	3	22
TS	M	18	BOT	22	18	8	20	23
FK	F	20	BOT	13	22	15	10	19
BB	M	22	BSc ZBC	9	13	18	16	19
UB	M	17	BSc Nursing	26	9	5	2	12
OP	F	21	GNM	14	26	22	24	32
AU	M	22	BSc Nursing	14	14	8	6	9

FB	M	17	BOT	14	14	24	26	11
JD	M	17	BSc CP	23	14	4	12	10
VR	F	19	BOT	6	23	16	18	8
GH	F	22	BOT	24	6	6	14	15
US	F	18	BSc CP	7	24	30	20	25
HN	M	21	BSc CP	12	7	5	17	20
HB	M	20	BOT	16	12	7	4	7
NP	M	18	BPT	15	16	24	18	24
LD	M	22	BSc ZBC	19	15	20	22	26
LI	M	22	BSc Nutrition	19	19	18	19	22
SG	M	22	GNM	12	19	18	23	23
AB	F	17	BSc ZBC	4	12	27	32	20
LI	F	20	BSc Nutrition	8	4	2	1	2
EI	M	17	BSc Nutrition	8	8	10	4	12
FI	M	19	BPT	7	8	6	9	4
IK	F	22	BSc Nutrition	3	7	5	3	12
NU	F	19	GNM	5	3	1	7	4
AQ	F	17	BSc Nutrition	12	5	4	3	6
BB	F	18	BPT	6	12	12	2	11
AJ	F	22	BSc Nursing	12	6	4	7	8
SP	M	22	BSc Nutrition	20	12	16	19	18
NC	M	21	GNM	7	20	16	10	20
ND	F	20	BSc CP	15	7	8	6	17
EM	F	18	BSc Nutrition	7	15	12	5	13
QL	F	22	BSc Nutrition	12	7	11	16	22
JB	F	22	BOT	17	12	8	8	13
JM	M	19	BSc CP	7	17	17	20	22
GE	F	18	BOT	11	7	7	10	13
RT	F	24	GNM	10	11	7	11	12
VA	M	22	BPT	8	10	5	11	20

BF	M	17	BSc Nutrition	10	8	6	4	7
ZM	F	17	BSc ZBC	10	10	2	10	19
AU	F	20	BPT	14	10	7	13	14
NT	M	19	BPT	16	14	22	16	21
AK	F	22	BOT	18	16	1	7	11
SK	M	21	GNM	22	18	16	13	20
AA	M	21	BSc ZBC	8	22	24	21	31
FP	M	19	BSc ZBC	6	8	11	16	23
FJ	F	20	BSc Nutrition	16	6	7	14	8
LS	M	20	BPT	13	16	17	9	20
JC	F	19	BSc ZBC	13	13	14	12	34
ZT	F	20	BSc Nursing	12	13	15	11	23
DZ	M	19	BPT	22	12	12	11	24
KJ	M	18	BOT	12	22	23	16	22
HR	F	19	BSc ZBC	11	12	4	7	16
II	M	18	BOT	25	11	7	6	13
KT	M	19	BSc Nursing	22	25	17	16	25
QF	M	20	GNM	15	22	22	7	28
ZM	F	21	BOT	15	15	15	11	27
FA	M	18	GNM	12	15	19	17	23
QR	F	20	BSc CP	8	12	22	16	24
ZK	F	17	BSc Nursing	6	8	12	6	22
GB	F	17	BOT	21	6	9	11	17
PJ	M	21	GNM	11	21	15	17	23
JJ	F	21	BPT	7	11	12	8	12
FC	M	18	BPT	7	7	8	9	13
RA	F	18	BSc Nutrition	6	7	8	11	20
OD	M	21	GNM	10	6	15	13	27
NZ	F	17	BSc Nursing	13	10	15	13	23
BA	F	19	BSc CP	6	13	22	16	24

OM	M	20	GNM	10	6	15	11	28
IZ	M	17	BSc ZBC	6	10	3	10	18
KB	M	17	BSc Nutrition	13	6	24	19	29
II	F	18	BSc Nutrition	12	13	12	11	22
VR	F	18	GNM	26	12	39	33	36
JD	F	18	BPT	6	26	29	32	28
AG	M	22	BSc ZBC	4	6	20	16	20
TB	M	18	BSc Nutrition	17	4	9	7	12
BU	F	19	BOT	17	17	16	9	18
AM	M	18	BSc ZBC	9	17	16	10	26
AQ	F	20	BSc Nursing	9	9	33	36	27
IM	F	24	BSc Nursing	20	9	24	25	33
NM	F	18	BSc Nutrition	14	20	29	19	36
PT	F	19	BOT	12	14	8	10	12
VZ	F	17	GNM	18	12	4	2	6
BB	F	20	GNM	20	18	7	9	6
UN	F	20	BOT	11	20	15	14	12
PT	F	17	BOT	14	11	11	19	10
AE	M	18	BSc ZBC	12	14	14	16	10
QG	M	17	BSc ZBC	11	12	2	8	12
SG	F	19	BSc CP	13	11	4	10	12
UA	F	22	BSc ZBC	12	13	12	9	17
BV	M	20	BSc Nursing	11	12	12	4	8
UA	F	21	GNM	22	11	15	16	22
TU	M	21	BPT	12	22	22	17	37
AL	M	19	BOT	16	12	9	7	12
LM	M	19	BOT	8	16	15	11	25
NS	F	18	BOT	11	8	23	21	17
BI	M	17	GNM	13	11	13	8	33
NO	F	17	BPT	15	13	9	14	22

VF	M	19	BSc CP	19	15	17	16	20
KB	M	19	BPT	12	19	12	10	23
KF	F	19	BSc CP	11	12	8	5	13
UQ	M	19	BSc Nursing	21	11	13	10	22
CO	M	19	BSc Nursing	13	21	22	16	23
RJ	M	20	GNM	17	13	12	10	14
QB	F	24	BPT	9	17	26	13	20
UN	M	22	BSc ZBC	11	9	8	10	17
SL	M	19	BSc CP	20	11	10	16	27
GP	F	17	BSc CP	7	20	25	13	29
VH	F	19	BSc CP	9	7	8	3	12
AV	F	20	BSc Nursing	13	9	15	11	36
FR	F	19	BSc Nursing	21	13	12	6	14
VL	F	17	BSc ZBC	12	21	23	17	21